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ABSTRACT

This monograph presents descriptions of 11 residential and day treatment programs serving seriously emotionally disturbed youth. Each program's description includes information about the program's origins, type of children served, guiding philosophy and treatment approach, services offered, work with families, linkages with other child-serving agencies, staffing, funding, and evaluation of program effectiveness. The 11 descriptions are organized by type of program, beginning with day treatment programs, followed by residential programs, and concluding with those programs that offer both residential and day treatment services. The programs include: Advances of Wiley House (Mohrsville, Pennsylvania); City Lights (Washington, D.C.); Poyama Land (Independence, Oregon); Alpha Omega (Littleton, Massachusetts); Children's Village (Dobbs Ferry, New York); Lad Lake, Inc., (Dousman, Wisconsin); Whitaker School (Butner, North Carolina); Youth Residential Services (Akron, Ohio); Regional Institute for Children and Adolescents (Rockville, Maryland); The Spurwink School (Portland, Maine); and Tri-County Youth Programs, Inc. (Northampton, Massachusetts). Preceding the in-depth program descriptions is a section highlighting the overall findings, which discusses the characteristics of children served, program characteristics, treatment approaches, staffing patterns, and problems experienced. Appendixes list the names, addresses, and telephone numbers of the 11 program administrators, and offer brief descriptions of approximately 100 programs that responded to the program survey but were not selected for site visits. (JDD)

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Profiles of Residential And Day Treatment Programs For Seriously Emotionally Disturbed Youth

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EC 300144

PROFILES OF RESIDENTIAL AND DAY TREATMENT PROGRAMS FOR SERIOUSLY EMOTIONALLY DISTURBED YOUTH

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Under Contract with:
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There are many people to whom the authors are indebted for this report. We would like to acknowledge the participation of the State Mental Health Representatives for Children and Youth (SMHRCY) for recommending outstanding residential and day treatment programs in their respective states. This input provided the initial list of programs to which the Alpha Center survey protocol was sent.

We also wish to thank the subcommittee of the CASSP Technical Assistance Center's Advisory Committee who were quite helpful in assisting in the selection of the sites to be visited, reviewing the protocol for the site visits, and providing the principles of care around which this monograph is focused. The subcommittee membership included Barbara Bazron, Ph.D., William Buzogany, M.D., Martha Forbes, ACSW, Jane Knitzer, Ed.D. and Milton Shore, Ph.D. In addition, we would like to thank Lenore Behar, Ph.D. and Barbara Freisen, Ph.D., for their assistance in these activities. The CASSP Project Directors at the National Institute of Mental Health -- Ira Lourie, M.D. and Judy Katz-Leavy, M.Ed. -- were also of invaluable assistance in the developmental tasks associated with this monograph. Further, we would like to thank the other members of our site visit team -- Odile Saddi, Ph.D., Barbara Friesen, Ph.D. and Marilyn McManus, J.D., who assumed responsibility for the site visits to Lad Lake, Inc. in Dousman, Wisconsin and Poyama Land in Independence, Oregon.

Most of all, however, we would like to thank the administrators and staffs of the eleven programs we site-visited. Not only were they hospitable beyond all expectations but they provided us with an enormous amount of information and sincere reflections on their programs as well as residential and day treatment programs in general. In addition to developing site visit schedules, these programs arranged for us to meet with parents, advocates, community agencies and others. Many parents and agency personnel went out of their way to meet with us, and we thank them for their time and additional effort on our behalf.

Perhaps the best representatives of these programs were the children and adolescents themselves. It is particularly difficult to capture their problems, their growth or their development in words. The children and youth in these programs are among those that are often considered unreachable, unteachable and untreatable. Yet, they were articulate about their problems, experiences at the programs and future desires. For many of the youth these programs have been the most consistent and loving environments they have ever encountered.

INTRODUCTION

This monograph grew out of a perceived need, by many states, for the development of a comprehensive continuum of care for seriously emotionally disturbed (SED) children and adolescents. Oftentimes, state resources for such youth are limited to state hospitals, training schools, juvenile detention centers, and other restrictive institutional settings. In other cases, states spend considerable resources in out-of-state placements for these youth; often resulting in loss of contact with parents and home communities. Although there are some SED youth who can, and do, benefit from treatment in some of these institutional settings, there is an increasing movement and interest in serving such children in community-based residential treatment centers and other less restrictive settings within or close to their home communities. It is becoming clear that institutionalization, rather than referring to a type of facility, refers to a concept of long-term, inappropriate hospitalization or custodial care.

A continuum of care suggests that there is a range of service components, at varying levels of intensity, from least restrictive to most restrictive, which is available to youth in a given state or community. The continuum of care also suggests that there is a dynamic and active treatment process occurring in each service component. Ideally, children and adolescents would be placed in those settings that most appropriately meet their needs at the time; further, as those needs changed, these youth would be able to move into different settings appropriate to the changed need. Although many states have developed such continua on a conceptual level, only a few states, such as North Carolina and Florida, have been in the process of actualizing the concept for several years now. Interestingly, when North Carolina assessed the services that were missing for its SED children (Willie M. youth), they found a need to develop a residential treatment program as an alternative to long-term institutionalization.

Residential treatment centers have been described as a class of treatment settings that are less restrictive than long-term care in hospitals or similar institutions. It has become clear during the course of this study that the concept of residential treatment has evolved from the image of a non-hospital, school-focused program at which children reside, to programs that offer a wide range of out-of-home services that have expanded to include group homes, therapeutic foster care, parent therapist programs and other such living arrangements. In addition, states such as Maine, South Carolina and other states have begun to focus on intensive in-home services, such as the Homebuilders Program, which allow youth to remain in the home while providing therapeutic and support services to help all family members learn skills to cope with and reduce the frequency of disruptive behaviors. These trends toward less intensive, costly or isolated treatment must be continued. Evidence indicates that where a broad and flexible continuum of services is available, many seriously emotionally disturbed youth can be maintained in their own homes and communities. It needs to be acknowledged, however, that most SED youngsters have very long-term needs, and a small percentage of these youth cannot always be treated in these lower intensity settings.

In order to encourage the development of a full continuum of care for seriously emotionally disturbed youth, and especially to encourage development of programs that provide alternatives to more restrictive and custodial institutional settings, this monograph presents descriptions of eleven residential and day treatment programs. These programs are presented to serve as possible guides to states and local communities interested in the development of residential and day treatment service components for SED youth. The process for selection of these programs is described in the section that follows; however, it must be clearly stated from the outset that the selected programs are not endorsed by the National Institute of Mental Health, or any other organization, as "model" or "exemplary" in any senses. Rather, they were selected to illustrate certain principles for providing care to emotionally disturbed children and youth that tend to be important in the development of effective services. Thus, a description of each program is provided that includes information about the program's origins, type of children served, its guiding philosophy and treatment approach, the services offered, its work with families and linkages with other child-serving agencies. The descriptions also include more practical information about staffing, funding, and evaluation of program effectiveness. A general format has been developed so that comparable information is presented about each program; however, in order to capture unique program elements this format has sometimes been modified or expanded.

Although many of the selected programs describe themselves as "residential treatment" centers, it is important to observe that most offer other services in the continuum as well, including group homes, therapeutic foster care, independent living units, day treatment and outpatient services. However, the focus of this particular document is on the residential and/or day treatment aspects of their programs. There are plans to develop, in the near future, additional technical assistance materials on other services in the continuum, such as in-home services, therapeutic foster care programs, etc. The focus on residential treatment is predicated on the fact that these are usually the most intensive and most costly services in a community-based continuum of care for SED youth. Day treatment programs were highlighted, because these programs are underdeveloped in most areas, and there is increasing interest in expanding this component of a continuum of care for SED youth.

The eleven programs described in this monograph are organized by type of program. The report begins with day treatment programs, followed by residential treatment programs, and concluding with those programs that offer both residential and day treatment services. Preceding the in-depth program descriptions is a section highlighting the overall findings. This section attempts to summarize the major characteristics of the programs. Therefore, discussion about the characteristics of children served, programmatic characteristics, treatment approaches, staffing patterns and problems experienced is included to illustrate the commonalities of programs. It is hoped that these findings will be of assistance to states in their planning and development of similar services.

Since the development of such programs is highly complex and cannot be fully captured in a brief description, the name, address and telephone number of each program's administrator(s) are included in Appendix A. These administrators have agreed to be available to clarify points or provide further information about their programs. In addition, many programs that were not selected are recognized as excellent programs. Appendix B includes a listing and brief description of the programs that responded to the Alpha Center survey but were not selected in the review process for site visits. These programs are also recommended to those seeking to develop resources at the state or local community level.

OVERVIEW OF THE PROJECT: METHODOLOGY USED

The selection of eleven residential and day treatment programs for site visits involved a multi-phased process over a period of several months. The first step in the process was to refine the universe of programs. In 1981, Thomas Young, Donnell Pappenfort and Christine Marlow, researchers at the School of Social Services Administration, University of Chicago, received funding from the National Institute of Juvenile Justice and Delinquency Prevention to conduct a national survey of residential group care facilities for children and youth with special problems and needs. Through this survey, 3,914 facilities were identified; 1,849 had a primary population of emotionally disturbed youth or those in need of psychiatric care. However, discussions with the researchers indicated that many of these programs were not necessarily serving seriously emotionally disturbed (SED) youth or those that were the primary focal population of the CASSP project. Thus, a methodology for obtaining a more realistic and appropriate determination of residential programs serving SED youth was needed.

After discussion with the NIMH project staff, it was decided to enlist the participation of the State Mental Health Representatives for Children and Youth (SMHRCY) membership in recommending quality programs for SED youth in their states. Appropriately, these were the persons considered most knowledgeable about the development of services for mentally ill youth in their states as well as those who could be expected to have some information, either through evaluations or anecdotal experiences, about programs that seemed to be effective. Subsequently, the SMHRCY person in each state was asked to submit recommendations for outstanding residential and/or day treatment programs. In addition, other organizations serving children, such as the National Consortium for Child Mental Health, and child mental health experts were also asked to complete the recommendation forms.

Approximately 275 programs were identified in this manner -- 153 residential programs, 85 day treatment programs, and 37 programs with both residential and day treatment components. Questionnaires were then sent to each recommended facility requesting additional data. The Alpha Center received approximately 160 responses from programs in 35 states and the District of Columbia. With the assistance of a subcommittee of the CASSP Advisory Group, the Alpha Center staff selected eleven programs, from the 160 responses, for site visits. Selection criteria included geographic location, type of facility, size of program, treatment philosophy, age of youth served and measures of program quality based on the principles of care outlined below. It was important to have a representative mix of programs as well as different treatment philosophies. Finally, all programs selected had some unique characteristic(s) that differentiated them from other programs.

The subcommittee of the CASSP Advisory Group developed the principles of care that provided a foundation for program selection. Although programs were not expected to meet all the principles, selected programs were expected to meet many of them and have a philosophical framework that was compatible. The principles of care, developed by the CASSP Advisory Group subcommittee, were:

1. Children should have access to a continuum of care that provides educational, psychological and social services appropriate to their needs.
2. Children should be served in the least restrictive environment appropriate to their needs.
3. Residential and day treatment programs/services should be linked with other service systems in the community, so that systems such as health, mental health, child welfare, juvenile justice etc. are integrated on several different levels including planning, administration, financing, and service delivery.
4. Services should be family-oriented, involving families in training, planning, treatment decisions relating to the child, support groups, advocacy efforts and aftercare. However, no child should be denied admission because (a) he or she has no traditional family or (b) the family initially refuses to participate.
5. The program should strive to provide as "normal" an environment for the child as possible.
6. The program should provide a "rich" array of services to children and their families.

7. The program should insure that the special developmental needs of each child are met.

8. The program should include adequate discharge planning (including permanency planning), aftercare and follow-up services.

9. There should be mechanisms for monitoring of and feedback on program effectiveness.

10. The program and its staff should be advocates for the youth served by the program, and teach youth and their families the skills to become their own advocates.

These principles were translated into areas of inquiry for the site visits. In the final report, these principles are discussed under various topic headings such as Community Linkages, Advocacy, Involving Families, Discharge Planning/Continuity of Care and Evidence of Efficacy. The programs selected were not "perfect" -- no program is; some are strong in carrying out certain principles and weaker in others. Overall, however, the conceptualized principles were very compatible with the philosophical tenets underlying all the selected sites.

Of the eleven programs eventually selected, three offer day treatment services -- ADVANCES , City Lights and Poyama Land.
Five programs -- Alpha Omega, The Children's Village, Inc., Lad Lake Inc., Whitaker School and Youth Residential Services of Summit County -- offer a variety of residential services for severely emotionally disturbed youth of various ages. The three remaining programs -- the Regional Institute for Children and Adolescents (RICA), the Spurwink School, Inc. and Tri-County Youth Programs, Inc. -- offer both residential and day treatment services. Table I. provides a brief matrix outlining some of the major characteristics of each of the selected sites. However, in order to understand the more complex structure and organization of the programs, the full descriptions should be read in their entirety.

TABLE I

MAJOR CHARACTERISTICS OF SELECTED SITES

ADVANCES

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
PA	Day Treatment	7 yrs.	Private non-profit	50; current enrollment varies between 30 and 40.	11 to 18 (68% are 12 to 15)	60% M 40% F	Conduct and substance use disorders; affective disorders; attention deficit and anxiety disorders.	9-12 months

Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Behavioral model with psychodynamic and ecological components.	Is encouraged; staff and family have contact on average of once a month. In home family support program.	All youngsters are placed in a patient group. Members of each group attend programs together and have group therapy twice a week.	1:4	Full time clinical and education staff. Core staff have been together for 14 years.

Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Pre vocational tech. and job search program; high school equivalency; Wilderness program; in home family counselor.	Each individual therapist is responsible for being in contact with referring agency as well as other agencies involved with client at least once a month. A monthly written report is sent to these agencies and they are involved in discharge planning.	State licensure for partial hospitalization and day treatment.	Survey of former ADVANCES patients.	Program's emphasis on working with famiies in their homes, a pre-vo-tech program and extensive follow-up on former clients make this program noteworthy.

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Alpha-Omega

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
MA	Group Home	14 yrs.	Private non-profit	16	14 to 18 (60% are 16-17)	100% M	Disorders of impulse control; substance use disorders; adjustment disorders and conduct disorders.	7 - 12 months

Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Eclectic model based on ecological, sociological and behavioral components.	Family involvement is required; family therapy as well as an extended aftercare program. Also provide home visits.	Peer support groups are very important.	1:2	Well-qualified multidisciplinary staff. Core staff consists of masters-level teachers and child care workers.

Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Well-developed aftercare component; can treat substance abusing adolescents.	Staff liaison to schools; parents and other important resources in the community.	State licensure.	Long-term research effort to evaluate effectiveness of program using follow-up of students on aftercare at 3 month intervals.	Small group home for adolescents that are both emotionally disturbed and substance abusers. Extensive aftercare program and follow-up.

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The Children's Village

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
NY	Residential Center (15 cottages of 16 boys each).	133 yrs.	Private non-profit	300	5 to 14 (50% are 12 to 14; 47% are 6 to 11)	100% M	Conduct disorders; attention deficit disorders; disorders of impulse control. (Boys are emotionally disturbed, abused, neglected or delinquent.)	18 to 24 months
	Intensive Residential Program for Severely Disturbed Boys	2-3 yrs.	Same	12	5 to 14	100% M	High risk boys with severe pathology and extraordinary behavioral deterioration who presently cannot accomodate to the mainstream of Children's Village programming. Not appropriate for boys who are essentially delinquent or violently aggressive.	At least 30 days
	4 Group Homes (least restrictive environment)	10 yrs.	Same	10 each	13 to 18	100% M	Same	18 to 24 months

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The Children's Village (Continued)

Type of Facility	Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Residential Center	Principally ecological and sociological. Therapeutic aim to provide a setting and structure which will help reverse early childhood trauma and emotional problems.	Is required. Face-to-face contact at least once a month. Parents involved in special programs (e.g. child abuse sessions) are seen about once a week.	Each cottage conducts weekly meetings designed to promote peer support. Pre-adoptive peer groups work together to overcome fear of adoption and other related problems. Peer support groups are organized around specific program areas (e.g. work attitudes).	Varies. During school its 1:5; recreation, 1:5; some cottages 1:3.	Use treatment teams. School teachers and teacher aides are a separate union free school district on the agency's grounds. Large clinical staff, 6 psychology interns. Also 925 volunteers who serve 25,218 hrs. per year. Rotational shifts for staff.
Intensive Residential	Intensive evaluation of boy's behavior based on theoretical orientation outlined above.	Same	Same	More intensive. Also all child workers are full time staff in the cottage.	Same as residential center staffing.
Group Homes	Same	Same	Same	Less intensive staffing	Use live-in counselors model.

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The Children's Village (Continued)

Type of Facility	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for / Unique Selection / Aspects
Residential Center	W-A-Y Program; Project IMPACT; foster care and adoption services including services to pre-adoptive homes; after-care program. Has also developed The Family Institute, which is a 3 yr. course to train all clinical and social work staff. Over $335,000 was raised for the W-A-Y Program through grants from private donors. Day treatment program is under development	Large number of volunteers and developing links with business for W-A-Y Program. Major linkages with child welfare agencies around advocacy for children and families. Also share resources.	State licensure Child Welfare League of America. In process of acquiring JCAH accreditation for a special aspect of program.	Research, training and evaluation are integral components of every Village program service. Has a Research and Evaluation Council composed of staff from nearly every dept. and representatives from community.	A comprehensive and expanding continuum of services including a very unique work skills program (see special services). A well-developed child abuse treatment program for parents and children. Strong community linkages and ties as illustrated through large volunteer group and ability to raise substantial sums of money from private sources for programs.
Intensive Residential	Same	Same	Same	Same	Reasons above apply to all aspects of the program including this more specialized residential unit.
Group Homes	Part-time jobs; W-A-Y program.	Attend regular schools or hold part-time jobs.	Same	Same	See above.

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City Lights

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
DC	Day Treatment	2 yrs.	Private non-profit.	30	12 to 22 (75% are 16 to 21)	94% M 6% F	Conduct disorders; adjustment disorders; disorders of impulse control. Includes those who are substance abusers.	2 yrs.

Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Ecological, multi-faceted treatment approach. Eclectic approach to treatment.	Is encouraged Face-to-face contact every 2 or 3 months.	Weekly class meeting; community meeting; vocational groups and therapy groups.	1:5	Staff are often advocates for students with the community.

Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for / Unique Selection / Aspects
Advocacy; part-time employment services; special education program (CCP); and telephone therapy.	Strong support and linkages with DC social services. Program grew out of lawsuit filed in 1977 by Children's Defense Fund and the Georgetown Juvenile Justice Clinic on behalf of handicapped wards of the District.	None	In process of developing an evaluation program that will measure both short-term changes and long-term outcomes with regard to institutionalization, ability to withstand crisis, vocational history and quality of life.	Works with extraordinarily difficult population -- black youths from disorganized families or in foster homes. Unique program aspects -- highly successful with those who are chronic truants. Uses special education program - Comprehensive Competencies Program (CCP).

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Lad Lake

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
WI	Residential Treatment (5 units)	33 yrs.	Private non-profit	65	7 to 17 (99% are 12 to 17)	100% M	Conduct disorders; adjustment disorders; substance use disorders.	7 months to 1 yr.
	Group Home	presently developing	Same	8	17 to 18 18+ need different license.	100% M	Same, but more in need of independent living skills. Next step, sometimes, after more structured unit.	6 to 9 months (no longer than 1 yr.)
	Treatment Foster Homes	4 yrs.	Same	25	7 to 17	100% M	Same, but boys that may not have families or whose families are far away.	Varies

	Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Residential Treatment	Ecological — continuum of care philosophy.	Is required. Face-to-face contact twice a month.	Weekly group therapy; multiple family therapy groups; alcohol and other drug abuse group therapy.	1:1	Team approach. Each unit has a therapist, child care supervisor and varying number of child care staff. Very low rate of staff turnover. ALOS for treatment employees 7 yrs. All staff, including cooks, maintenance and clerical staff, receive training to handle the boys.
Group Home	Same	Same	More emphasis on peer support over family groups.	1:1	Same
Treatment Foster Homes	Same. Emphasis on learning social skills in family environment	Foster parents required to participate in training and counseling.	Same as for residential treatment.	- - -	- - -

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Lad Lake (Continued)

Type of Facility	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for Selection / Unique Aspects
Residential Treatment	In addition to continuum of residential placements, program has: Home and Community Treatment - intensive family therapy and aftercare; psychotherapy outpatient clinic; a Family Center to put up families who travel great distances; on campus school, Lakewood School. Also job placement programs for part-time services.	Has strong affiliations with community agencies. Tries to allow youth to maintain their linkages with home community also.	State licensure.	Send questionnaire to parents 6 months after completion of treatment to determine child's adjustment. Have sent since 1980, but have poor return rate due to numerous geographical moves on part of former residents.	Development of comprehensive continuum of care, including various levels of residential. Extensive aftercare and follow-up services. Good linkages with agencies in the community.
Group Home	Same	Same	Same	Same	Same
Treatment Foster Homes	Training, all types of psychotherapy.	Boy attends regular school, if possible.	Same	Same	Same

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Poyama Land

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
OR	Day Treatment	13 yrs.	Private non-profit - Funded through the Oregon Dept. of Human Resources.	18	3 to 12	73% M 27% F	75% behavioral disorders; 25% schizophrenic; approximately 40% have learning disabilities.	18 mos.

Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Multi-disciplinary model with an emphasis on the family as the unit of intervention. Ecological approach focuses on child in relation to his/her family and community.	Child will not be accepted into the program unless entire family is willing to participate. Weekly group meetings of parents. Parents also involved in hiring staff.	Weekly social intervention group designed to develop leadership and peer skills. Other groups include feelings, activities and social interaction groups.	1:1.5	Four treatment coordinators work with two groups of children; two teachers and three family therapists.

Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
45 day assessment; individual and family therapy; special education component; out-patient counseling services.	Special linkage with public schools which children in program attend one day a week to maintain continuity with classroom. Ongoing relationship with referral agencies.		Small outcome studies periodically conducted measuring children's educational progress.	Involvement of parents throughout treatment process; close working relationship with the schools to promote continuity of care.

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Regional Institute for Children and Adolescents (RICA)

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
MD	Residential Treatment Center	4 yrs.	Public	80	12 to 20 (59% are 12 to 15)	Approx. 80% M 20% F	Conduct disorders; affective disorders adjustment disorders.	21% stay 1 to 6 mos. 23%, 7 mos. to 1 yr. 43%, 13 mos. to 2 yrs. 12% over 2 yrs.
	Day Treatment	Same	Same	100	6 to 20 (30% are 6 to 11 and 43% 12 to 15)	Approx. 80% M 20% F	Same	Children participate approximately 27 hrs. per week for 12 mos.

	Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Residential Treatment Center	Primary emphasis is on psychodynamically-oriented individual and family therapy; strong emphasis on interface between child and his/her environment; 24-hour behavior management system; psychotropic drugs used when indicated.	Is required; therapy sessions occur weekly.	---	---	Each student is assigned a treatment team which includes a clinical therapist, creative services therapists, residential staff, school staff and a consulting psychiatrist. Night shift does not rotate; day shift includes 2 rotations.
Day Treatment	Same	Same	---	---	Treatment team including clinical therapists, creative services therapist, school staff and consulting psychiatrist

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Regional Institute for Children and Adolescents (RICA) (Continued)

	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Residential Treatment Center	Creative Service program which includes art, music, psycho-drama, recreational and occupational therapies; summer outdoor adventure program; follow-up care.	RICA has regular and ongoing liaison/ working relationships with a range of community agencies. An interagency advisory committee involves all community agencies that provide services to RICA youth.	State licensure; JCAH.	A rating scale of problem behaviors is given to RICA children at admission, during treatment, and a year after discharge. A follow-up study, interviewing students discharged for up to 3 yrs., is planned.	RICA-Rockville is operated jointly by the state mental health department and a county school system. The client population is from the same catchment area and no more than an hour away from their homes.
Day Treatment	Same	Same	---	---	Same

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The Spurwink School

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
ME	Residential Treatment (various sites)	24 yrs.	Private non-profit	Largest unit houses 8 clients; 47 total capacity	6 to 20 (45%) are 6 to 11; 40% are 12 to 15.	100% M	Anxiety disorders; conduct disorders; attention deficit disorders.	30% stay 13 mos. to 2 yrs. 70% remain over 2 yrs.
	Day Treatment 3 separate sites (one housed in public school).	9 yrs.	Same	80	6 to 20 (60% are 6 to 11)	90% M 10% F	Schizophrenic and psychotic disorders not elsewhere classified; conduct disorders; attention deficit disorders. Developmentally delayed in separate setting.	Average child spends 30 hrs./week in the program for about 10.5 mos.

	Theoretical Orientation of Program	Family Involvement	Staff Ratio	Peer Support Activities	Staffing Characteristics
Residential Center	An integrated educational and treatment program emphasizing psychodynamic; ecological, and sociological models.	Is required on a weekly basis.	1:4	--	Single staff person (a "generalist") coordinates education and treatment program for individual child. House parent staff rotate every 3½ days in the main unit.
Day Treatment	Same	Same	1:4.5	--	Major emphasis on teacher training. Offers year long, hands-on training program for teachers.

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The Spurwink School (Continued)

Type of Facility	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Residential Treatment	Continuum of care. Vocational/special ed. work study, follow-up care. In-home training program for parents.	Consultation with schools and Juvenile Justice agencies; follow-up activity with child welfare agencies and community mental health providers.	State licensure.	Self-evaluation process using state licensing requirements plus added criteria.	Program offers a variety of services and treatment levels in different settings as part of its continuum of care concept. It also has a strong case managment component.
Day Treatment	Same	Same	Same	Same	Same

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Tri-County Youth Programs

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
MA	Hill Adol. Center (long-term residential)	4 yrs.	Private non-profit	13 at one site; 5 at another.	13 to 22 (90% are 16 to 22)	50% M 50% F	Severe violent acting-out. Schizophrenic, other psychoses. Conduct disorders (sex offenders).	Over 2 yrs.
	Hill School (Day Treatment)	7 yrs.	Funded by 766 State funds thru LEAS.	22	Same	50% M 50% F	Same	12 mos.
	ALY (Therapeutic foster care)	3 yrs.	DMH	15	13 to 19	50% M 50% F	Severely emotionally disturbed. Must be Hampshire County residents, although some are admitted from outside.	12 to 18 mos.
	Nexus (long-term specialized care)	6 yrs	Funded by Youth Services.	15	7 to 18	50% M 50% F	Youth in custody in need of limited relocation, respite or preplacement.	6 to 12 mos.
	Nexus Detention (short-term foster care)	10 yrs.	Same	8	13 to 17	50% M 50% F	Children in need of limited relocation, respite or preplacement.	6 to 12 mos.

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Tri-County Youth Programs (Continued)

Type of Facility	Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Hill Adol. Center (long-term residential) (2 sites)	Eclectic approach. High individual bio-psycho-social emphasis.	Is encouraged when appropriate.	Comm. mtgs; house mtgs; male/female support groups; confrontational groups.	1:2	Relationship of staff and youth is central to success. Group team approach. Employs community volunteers.
Hill School (Day Treatment)	Same	Same	Same	Same	Teachers are multi-talented and versatile in meeting needs of individual children. Same staff for 7 yrs. Strong leadership. Team teaching.
ALY (Therapeutic foster care)	Usually attend Hill School - same principal orientation.	Foster parent training and counseling.	Groups around adjustment to placements -- also groups in Hill School.	---	Mostly foster parents and case workers with input from clinical staff.
Nexus (long-term specialized care)	Highly individual and eclectic. Attend Hill School.	Same	Same	---	Special staff and clinical backup.
Nexus Detention (short-term foster care)	Same	Same	Same	---	Same

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Tri-County Youth Programs (Continued)

Type of Facility	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Hill Adol. Center (long-term residential) (2 years)	Prevocational planning; physical therapeutic holds; intervention counseling. Program emphasizes high degree of structure.	Uses a variety of comm. resources to help "normalize" the experiences of youth. Strong support from mental health, youth services and social services.	State licensure.	None	Unique treatment approach and perspective. Consolidated funding from 3 major child-serving agencies. Strong advocacy component. Comprehensive continuum of care. Severely disturbed population groups.
Hill School (Day Treatment)	Same	Is funded and supported by public schools (Chapter 766)	State licensure.	Three times a yr. formal review of school mission and goals. Yearly review of school program by licensing body.	All of above, especially unique, highly structured, psychoeducational program.
ALY (Therapeutic foster care)	Case management; foster parent training.	Children placed in foster care; all needed comm. resources are tapped.	State licensure.	No formal evaluation.	All of above and serves as alternative to residential placement or hospitalization.
Nexus (long-term specialized care)	Vocational ed., medical and legal services through community resources.	Same	State licensure.	Same	Specialized for incarcerated youth.
Nexus Detention (short-term foster care)	Same	Same	State licensure.	Same	Same

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Whitaker School

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
NC	Residential Treatment Center	5 yrs.	Public	24	13 to 18 (65% are 16 or 17)	66 2/3 M 33 1/3 F	Conduct disorders/ attention deficit disorders; disorders of impulse control; and affective disorders.	75% stay 13 mos. to 2 yrs.

Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Ecological, sociological and behavioral models. Based on Re-ED Philosophy.	Is encouraged. Many youth in custody of the state.	Peer support is very important and occurs at intervals throughout the day (morning, meals, evenings, etc.). Youth are placed in three groups based on age and sex.	4.5:1	Very intensive staffing and teacher-oriented. All the staff who intereact with the child or his group are considered a part of the treatment team. Very dedicated and committed staff.

Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for/ Unique Selection/ Aspects
Liaison/teacher that provides case management for child in his local community, among others things. Unit can be secured if necessary.	Liaison/teachers maintain contact with parents, other agencies, etc. for each child.	State licensure.	In the process of developing.	Very difficult youth; unique use of staff and strong community liaison work.

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Youth Residential Services

State	Type of Facility	Age of Program	Auspices	Program Capacity	Age of Children Served	Sex of Children	Major Diagnoses of Children	ALOS
OH	Residential Treatment Centers	3 yrs.	Private non-profit	2 facilities, 10 children each.	5 to 12 (50%) 12 to 17 (50%)	60% M 40% F	Conduct disorders; attention deficit disorders; affective disorders.	75% stay 7 mos. to 1 yr.; 20% stay 13 mos. to 2 yrs.
	Parent Therapist Program	4 yrs.	Same	25	5 to 19 (60% are 12 to 15; 28% are 6 to 11)	66% M 34% F	Attention deficits and conduct disorders; disorders of impulse control; other disorders of childhood.	78% remain with parent therapists 13 mos. to 2 yrs.; 20% 7 mos. to 1 yr.

Type of Facility	Theoretical Orientation of Program	Family Involvement	Peer Support Activities	Staff Ratio	Staffing Characteristics
Residential Treatment Centers	Behavioral, ecological sociological models. Program seeks to help children and families gain new skills to improve the current situation.	Is required; families are involved in weekly counseling sessions and participation with the treatment team. Children return home weekly. Parenting skills courses are offered to parents once a year.	Not very important, although there is a strong emphasis on structured learning groups with the residents in health, social skills, arts and crafts.	1:3	Tenure and experience of staff considered to be one of factors in program's success.
Parent Therapist Program	Behavioral, ecological sociological models — modeled after the Chedoke-McMasters program. The program affects the behavior of emotionally troubled children by providing a supportive therapeutic environment in the form of placements in the home of trained parent therapists.	Is required; face-to-face contact occurs weekly.	Primary peer support is related to the cluster concept. Each cluster contains 6 "families" who meet with the supervisor as a group 3 hours per week.	---	---

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Youth Residential Services (Continued)

Name of Program	Special Services	Community Linkages	Accrediting Bodies	Program Evaluation	Reason for / Unique Selection / Aspects
Residential Treatment Centers	Vocational, special education, aftercare, social skills development, parenting skills course, case management.	Daily contact with the schools; close formal and informal linkages with community mental health providers; contracts with courts and child welfare agencies.	State licensure, National Association of Homes for Children, Ohio Association of Child Caring Agencies.	Formal evaluation completed by each resident's parents. Have recently developed an evaluation system and data base to provide feedback.	Extensive family involvement is a major component of treatment. Strong community supports and well-developed continuum of care.
Parent Therapist Program	Same	Same	Same	Same	The Parent Therapist program illustrates the concept of normalization in the least restrictive environment.

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SUMMARY OF FINDINGS

The descriptions of the programs and the types of youth served reveal common characteristics and elements that are a part of many of the programs despite location, organizational structure or revenue sources. These characteristics and elements were mentioned again and again by staffs when discussing services for seriously emotionally disturbed children and adolescents. This section is an attempt to summarize the major findings from staff and site-visit observations and to set the framework and context for the more in-depth descriptions of individual programs that follow. For despite the fact that the descriptions reveal eleven different and unique programs, there is also an astonishing degree of consistency in perception, philosophy and practice that permeates all of the selected programs.

DESCRIPTION OF YOUTH SERVED

- Demographic Characteristics

  The seriously emotionally disturbed children and adolescents served by the selected programs range in age from three to 22 years. The majority of programs served adolescents, with most youth in the age range of 14 to 17 years old. Only two programs -- Poyama Land and Children's Village -- were designed only for those youth who were under age 13. Three programs -- Lad Lake, Inc., the Spurwink School and Youth Residential Services -- served both younger children and adolescents.

  Although the majority of the programs selected admitted both males and females (73 percent), the admissions were heavily skewed toward males. Many programs reported that 80 to 90 percent of their client population was male. Three programs -- Alpha Omega, Children's Village and Lad Lake, Inc. -- only admitted males. The preponderance of males in the client population seems to support and reflect the recognition that young males are more likely to be identified as seriously emotionally disturbed or to come to the attention of community agencies for aberrations in behavior and conduct. The percentage of the programs' population from ethnic/racial minority groups tended to reflect the geographic location of services for the most part. The client population at City Lights, in Washington, D.C., was 100 percent black at the time of the site visit and 50 percent of the children at Children's Village were black. Conversely, Alpha Omega, RICA, Lad Lake, Inc. and the Spurwink School had very few minority youth in their programs at the time of the site visits. Both ADVANCES (35 percent) and Children's Village (30 percent) served a large percentage of Hispanic youth.

It is not surprising to note that many of the youth in these programs come from families that are afflicted by poverty and other socioeconomic conditions that make it difficult to maintain intact family structures. Many of these youth are growing up in single-parent families or foster homes. Their family systems are marked by chaos, personal tragedies and other circumstances that mitigate against the development of successful coping and behavioral functioning. However, 98 percent of the children and adolescents served in Youth Residential Services in Ohio have families and will return to their families. ADVANCES also notes a shift in its population to more youth from middle-class and intact families. Most of the youth at RICA will return to their families.

- Diagnostic/Behavioral Characteristics

The DSM III diagnostic category system has often been viewed as inadequate for the assessment of children and adolescents. Nonetheless, many children in treatment must receive a DSM III diagnosis for reimbursement mechanisms. There are five major diagnoses that the majority of youth in these programs receive: conduct disorders, attention deficit disorders, disorders of impulse control, affective disorders and adjustment disorders. However, there are some programs that serve children with other diagnoses as well. In Alpha Omega, all the adolescents have a principal diagnosis of substance abuse disorder, coupled with other psychological problems. ADVANCES, City Lights and Lad Lake, Inc. also indicate a large number of youth in their programs with a primary or secondary diagnosis of substance abuse. Children's Village, Poyama Land and Tri-County Youth Services treat a significant proportion of youth with diagnoses of schizophrenia or other psychoses. Other programs report an increase in admissions of more psychiatrically-impaired and psychotic youth. For example, RICA reports a shift, in recent years, from conduct disorders to borderline personalities or thought disorders. The Spurwink School handles a large proportion of youth with pervasive developmental disorders, autism and other dual-diagnoses.

Just as there are similarities in diagnoses, there are similarities in the behavioral characteristics of the youth in these programs. The majority of these youth have learning disabilities and other major educational deficits; they have had repeated failures in public schools and are well below grade level in educational functioning. Many have a history of truancy from school. Most of the youth in these programs have experienced multiple out-of-home placements -- in foster homes, group homes, psychiatric hospitals, juvenile detention centers, training schools -- all of which have been inadequate or unable to meet the needs of these youth. Many are court-involved and have been involved in some type of criminal activity. Many have a history of violent and assaultive behavior without court involvement. A large percentage of the youth, across all the programs, have been the victims of physical or sexual abuse either by family members or others in their environments.

With these characteristics, it is not surprising that these youth have major emotional problems; one program director said that the dominant emotion of such youth is "rage" and they are marked by an inability to trust or accept intimacy. These youth suffer from low self-esteem and feelings of worthlessness and rejection; confused sexual identities lead to major crises, especially as these youth reach puberty. All of these factors lead to an overwhelming sense of failure and incompetence among these youth, which colors their perceptions of themselves and exacerbates their attitudes of alienation towards others and the society at large. These youth are programmed to expect failure, rejection and alienation and, even within the treatment system, these attitudes become a self-fulfilling prophecy. The programs presented in this monograph, through a variety of philosophical and treatment approaches, have been able to break this failure syndrome and to reach and help many of these youth who have been written off by the larger society.

COMMON PROGRAM CHARACTERISTICS

- Creation of a Safe and Nurturant Environment

  Staff of the programs visited consistently stressed the importance of creating an environment that is consistent, nurturing and structured. One of the overriding characteristics of SED youth is that their lives have been marked and marred by confusing, inconsistent and chaotic ecological environments. To counteract these influences, a treatment program must be able to create a sense of intimacy and closeness for the youth. Some programs create this atmosphere by remaining small; in fact, very few of the selected programs serve over 30 youth. Other programs, which serve more youth, create a sense of smallness and intimacy through other methods. Children's Village, which serves close to 300 youth, utilizes a cottage system that places children in groups of no more than 16 with consistent staff interacting with them. Lad Lake also uses smaller cottages, with consistent staff, to serve the 65 youth residing there. Although the Spurwink School serves almost 50 youth in residential treatment, no facility houses more than eight youth and each facility is a dwelling located in various neighborhoods throughout Portland, Maine and surrounding areas. These attempts to replicate, as much as possible, a normal living environment creates an atmosphere where both staff and youth feel safe, get to know each other, and interact without fear or undue concerns about physical abuse or harm.

- Clearly Articulated Program Philosophy

  Although many professionals debate the merits of various philosophical frameworks and approaches to care, the major finding from these programs is that the type of philosophy of treatment espoused is not that important. Rather, it is the presence of a clearly articulated philosophy that is most critical. Over and over, directors of the selected programs noted the importance of having underlying philosophical tenets that permeate every aspect of the program. It was recommended that the philosophical framework have a firm theoretical basis as well as one that works effectively on a more practical level. It is also critical that the administrator and key staff believe in and accept the viability of the tenets underlying the philosophical structure of the program.

It is not necessary that the program philosophy be original; rather many of the programs have adopted existing philosophical tenets or have developed and modified an admixture of such philosophies. For example, the Whitaker School's philosophical basis is centered around the Re-ED philosophy first developed by Nicholas Hobbs and others at the George Peabody College for Teachers in Nashville, Tennessee. The Parent Therapist Program at Youth Residential Services is modeled after a similar program developed in Ontario, Canada. The Spurwink School philosophy is based on the generalist concept. This concept involves one staff person who is responsible for a client and is accountable for all of the systems which interact with the child's life -- family, school and community. The Tri-County Youth Program integrates its own innovations with concepts from other programs such as the Canadian Psychoeducation Model, re-education concepts and Bruno Bettleheim and Fritz Redl's early experiments with residential care for very disturbed children. But, whatever the program philosophy, a clear articulation of the basic tenets and goals is of utmost importance.

- Client-Centered Focus

  Programs tend to work best when there is a commitment to meet the needs of the children in the program rather than expecting youth to conform to a pre-existing program format. This ability to provide a structured environment in a flexible manner is one of the most outstanding characteristics of the selected programs. Programs must have the ability to be creative in meeting the specific needs of each youth admitted. This often means, as program directors noted, that the ambiance and structure of the program is ever-changing, which reflects the needs of the individual youth at a particular time. Given this strong client-centered focus, it is also important that plans and expectations for each youth be realistic and based on an accurate and careful assessment of his/her skills and abilities. It is very important to develop goals that have a possibility of being met, since oftentimes, these youth have already experienced little more than failure. For example, goals of "curing" youth may be unrealistic; it may be more helpful and positive to set a goal of assisting the youngster in developing more appropriate coping behavior to handle the stresses within his living environment. Goals also need to be reassessed and revised regularly. Without a full understanding of the strengths and weaknesses of each individual child or adolescent, false expectations and hopes can lead to significant frustration in the treatment process.

- Individual Education Programs

  Many programs often commented on the fact that treatment is education and education is treatment; in other words, there are often blurred boundaries between these two functions. The educational programs at the selected sites varied considerably, but all were designed to meet the educational needs of the children served. Of course, these needs can be met in many different ways, but the common characteristics of all the selected programs were:

(1) individualized instruction: each child works at his/her own pace;

(2) small classrooms and high teacher to student ratios;

(3) increasing use of computers and other educational advances to enhance the child's interest and development of problem-solving skills and to provide immediate feedback; and

(4) the use of learning as a way to reinforce the youth's more positive images of himself/herself and to increase feelings of competency and self-efficacy.

The programs actualize these educational goals in several ways. The Children's Village school is located on the grounds of the residential treatment facility, even though it is operated under a separate administrative authority. The Greenburgh Eleven School, which provides educational services to youth at Children's Village, is a union free school district and is staffed by New York State teachers and employees. The school also uses a special curriculum, Instrumental Enrichment (IE), which is a program of cognitive remediation for preadolescents and adolescents. The Tri-County Youth Program's school, the Hill School, is also an independent program under the authority of the North Shore Educational Consortium. However, both schools have adopted philosophical frameworks that are similar to those espoused by the residential program and there is much sharing and interaction between school staff and residential staff around the needs of the children. At RICA, Montgomery County provides education at the facility, with the principal objective being to mainstream youth back into regular county schools. Lakewood School, on the campus of Lad Lake, is recognized by the Wisconsin Department of Public Instruction as an accredited non-public high school. It serves those boys at Lad Lake that are unable to attend local public or parochial schools.

Almost all the other selected programs provide individualized educational programs on-site. Teachers are usually hired specifically for the program and usually work with the youth individually or in small groups. Poyama Land operates its own program, but adolescents attend a neighborhood school for at least one day initially. The time at the neighborhood school is gradually increased so that youth are eventually mainstreamed. The Spurwink School offers several alternatives to youth in its program. According to their needs, they may attend Spurwink's own school on-site, attend a specialized Spurwink day treatment program located in regular school settings, or attend regular schools while living in one of the residential placements offered by Spurwink. Of the programs selected, only Youth Residential Services does not offer any specialized instruction; rather, all youth attend community schools, often utilizing special education or resource classrooms.

- Clearly Articulated Discipline Processes

  Given the nature of the youth served by many of these programs, discipline and how to maintain control is a very important aspect of the program approach. Sometimes disciplinary activities are incorporated into the treatment approach, such as behavioral modification and reward (point) systems for managing and modifying behavior. In other programs, specific disciplinary processes such as quiet rooms or time-out periods are used. ADVANCES, Tri-County Youth Program and the Whitaker School use very well-defined physical constraint procedures that emphasize the safety of client and staff, even in the midst of crisis.

  In addition, all the programs have developed policies regarding suspension or dismissal -- usually there are levels of suspension. ADVANCES, City Lights and RICA are examples of programs that used graduated levels of suspension ranging from attending an alternative class to being banned from the building for a certain period of time. When administering any disciplinary procedure, all staff in these programs stress the importance of helping the youth understand why they are being disciplined. This usually involves much discussion around the issue, no matter which disciplinary approach is utilized.

  There are two approaches that all the selected programs are reluctant to use. The first is that many eschew the use of medication to control behavior. Sometimes there is a real tension between many of the staff and some of the psychiatric consultants about the use of medication to control behavior. Staff acknowledge that for many of these youth, medication may be necessary, but there is a reluctance to use it unless all other avenues have been explored and failed. In many of these programs, youth who are heavily dependent on medication to control their behavior are not accepted or must be weaned from the medication prior to or shortly after admission. Secondly, there is a strong reluctance on the part of these programs to give up and dismiss a youth. The Whitaker School, for example, has a no-refusal policy and is viewed as the last resort for many of the youth it serves. Other programs are also viewed or view themselves in this manner. Consequently, considerable staff time is expended in maintaining youth once they have been admitted. As an illustration of such dedication, the Spurwink School spent six years treating an adolescent with the twin handicaps of childhood schizophrenia and profound congenital hearing loss. Such dedication to exploring all therapeutic interventions was reported innumerable times during the site visits.

- Development of Strong Linkages with the Community

  Almost all the programs selected meet the principle of good community linkages and relationships. Some have good relationships because they have staff that have the specific function of liaison with the community. Use of liaison workers is very prominent in the programs at Lad Lake and the Whitaker School. Other of the programs, such as Alpha

Omega, Spurwink and Youth Residential Services, have good linkages because their programs are decentralized enough to fit into the community without being differentiated (i.e. small group and therapeutic foster homes). Other programs have enhanced community relationships and linkages through volunteers, community boards and other such affiliations that encourage the community-at-large to learn more about the program. ADVANCES, City Lights, Children's Village, RICA and Poyama Land provide good examples of this approach. However, all the programs view community linkages as very important in "normalizing" the experiences of the youth enrolled in the program. Such linkages also provide a better opportunity for follow-up and aftercare services.

- Active Board

  All of the selected programs, except for the Whitaker School, have active and interested boards. The primary functions of the boards are fundraising and the development of other resources for the programs. It should be noted that most of the programs are heavily dependent on funding from public sector resources; this over-dependence often creates unstable financial environments for the programs from year-to-year. An active board not only assists in developing new ideas for funding sources, but can also be a major and influential advocacy group for the programs and types of youth in the programs.

CHARACTERISTICS OF THE TREATMENT PROGRAMS

- Basic approach is to establish relationships with the youth

  Establishing meaningful and positive relationships with the youth enrolled in the program seems to be the main goal of all the treatment approaches established by the selected programs. Since SED youth often have great difficulty in developing and maintaining close relationships, a major focus of these programs is on encouraging trust and closeness, as well as building self-esteem and social competency.

- Treatment strategies are eclectic

  Almost all the programs stated that the treatment strategies used are eclectic, i.e. that a combination of treatment and intervention approaches are incorporated in the program's philosophy. Many rely on a combination of milieu therapy, behavior management techniques, peer group counseling and psychodynamic therapies. Three programs -- Poyama Land, Alpha Omega and Youth Residential Services -- center their interventions around the family unit. Two other programs, Lad Lake and Whitaker School, emphasize the ecological approach to treatment; this approach assumes that the source of disturbance is perceived to be in the interface between the child and his/her environment. Both the Spurwink School and RICA are more psychodynamic and/or individual-oriented in their treatment approaches. All treatment strategies, however, are based on the individual needs of the youth. Many times the strength and effectiveness of treatment interventions depend on the skills of various staff; therefore, many programs use the multi-disciplinary team as the major implementor of services rather than over-reliance on the efforts of an individual therapist.

As noted before, in the selected program sites, few use medication as a major therapeutic intervention. In fact, most programs eschew medication, unless absolutely necessary. The programs emphasize that children are not viewed as "sick", which mitigates against treatment approaches and treatment directed at "cures". Rather the goals of treatment interventions are internal behavioral change and development of strengths and more appropriate coping and emotional skills.

- Treatment plans are individualized and regularly revised

  In conjunction with the above discussion, it is important that treatment needs be individualized, based on assessments of each child. All the selected programs develop individual treatment plans for each child. These plans are shared with the child, all staff involved in any aspect of the child's life, parents and others. In addition, these programs recognize that a child's needs are not static but change over time. Consequently, each program has a well-developed mechanism for ensuring that treatment plans are systematically reviewed, and revised.

- Group activities are viewed as important

  Many SED youth have very poorly developed social and communicative skills. A part of developing skills is interacting with others in various group activities and encounters. Although some programs offer individual counseling, almost all have class meetings, residence meetings or other types of activities that promote and enhance peer group relationships and interpersonal skills. These group experiences tend to be very intense and powerful experiences, since many youth not only have problems relating to adults but also to others of their own age group. Many types of issues are discussed in groups. During the site visits, groups in various programs dealt with problems around sexuality, intense lack of self-esteem, abuse of staff or other youth, separation anxiety and other concrete problems that arose during the daily routine. Over a period of time, these group meetings tend to become environments where youth feel safe in expressing their feelings and concerns; these meetings become a way for these youth to become more supportive and trusting of each other.

- Family involvement is considered an essential aspect of treatment

  All the programs stressed the importance of family involvement in the treatment process. In some cases, it is required; in others, it is strongly encouraged. Parents are involved in the intake process and updates of treatment plans. Oftentimes programs offer parents therapy sessions, education and support groups and other services to assist them in helping their child. Poyama Land uses parents as primary therapists. Some programs, such as ADVANCES, Lad Lake and Spurwink, offer in-home services to families. If possible, programs seek to return the child to the family unit; thus, it is essential to treat family problems as well as those of the individual youth. In order to understand the family dynamics and to strengthen the family unit, youth are often encouraged to maintain contact with their families even if they are placed in foster care settings. In many programs, youth go home on weekends and parents are encouraged to come and visit on a regular basis.

It should be noted that sometimes involvement of families is contraindicated. In the Tri-County Youth Program, for example, family therapy is either not advisable or the family refuses treatment for almost half the youth at the Hill Adolescent Center. Many of the youth at Tri-County, the Whitaker School and City Lights will not be returning home to families. In these cases the programs' main goal is to prepare the youth for independent living.

STAFFING

Although certain program characteristics assist in creating a therapeutic milieu that enhances treatment efforts, every program emphasized the fact that STAFF are the single most critical component of the program's success. Staff provide the energy and skills that make the program operate in a rational and caring manner. The selected programs, again and again, noted that the key to success was the dedication and commitment of a core group of staff. Programs have different staffing patterns and types of staff, but there seem to be four major characteristics of staffing and staff organization that are essential:

- Communication

  Staff must communicate with each other. Communication must be often and open. The sharing of information, ideas and issues is critical in the treatment of youth who are unusually manipulative and work to divide and cause dissension between staff members. Unlike a medical model that stresses the confidentiality of the client/doctor relationship, staffs at these programs must be willing to share information with other staff. There are few "privileged" and "confidential" disclosures.

- Team work and melding of disciplines

  The one outstanding characteristic of staff of these programs is the great emphasis on team work and multidisciplinary interaction. Very often, the traditional roles associated with professionals are simply not there; divisions among staff functions and responsibilities are not discipline-bound. In many programs, everyone who has contact with the youth is considered a therapist; every activity is considered therapeutic. In fact, several of the programs have developed terms, such as "generalists" or "educateurs" that suggest that such staff perform a variety of duties and services for the youth.

- Minimization of distinctions between professional and paraprofessional staff

  All programs are aware of the traditional distinctions made between professional and line staff, such as child care workers, and others that may not have degrees. Yet, it is often the line staff that have the most continuous contact with youth in the various activities of their life, especially in residential settings. The selected residential programs strive to emphasize the importance of their line staff and state that they must be an integral part of the treatment team. In most programs, line staff are full participants in the development of treatment plans, in daily meetings about youth and in other meetings that are concerned with the treatment of youth in their care. In order to maintain good line staff, these programs have struggled with the development of some type of built-in career mobility and "empowerment" methods.

- Strong staff support

  Closely connected with all the above is the overall need for every staff member to feel that his/her actions and activities are important to the treatment process and that these will be supported by his/her fellow staff members and the administration. Staff need to be committed to the philosophical tenets of the treatment program, but they must also feel that they can make decisions and be flexible in the many crisis situations that often arise in these treatment settings. Also, programs maintain all staff longer when they offer substantive in-service training or educational development opportunities and ongoing supervision and feedback about performance.

It goes without saying that finding staff to fulfill these requirements can often be a difficult process and personality aspects can, and often do, outweigh degrees and other such evidence of competency. All administrators stress that it is important to find staff that have had experience working with youth or who have a genuine "liking" for children. This can sometimes be more important than the level of professional competency although the two are not necessarily incompatible. Administrators were asked to describe those personality characteristics that were sought when hiring new staff. The characteristics consistently mentioned included:

- a good sense of humor
- self-confidence
- an ability to share and receive feedback from others
- genuineness
- flexibility in attitudes and time
- a high level of energy
- the ability to adapt quickly
- positive outlook about oneself and about the youth in the program
- good organizational skills (i.e. the ability to maintain a level of professionalism at all time).

Problems with staff usually occur when many of these characteristics are lacking. Then, staff are either overly rigid or overly permissive in their interactions with the youth and either of these can cause frequent confrontations and management problems.

COMMON PROBLEMS

Although the selected programs come close to meeting many of the principles of care developed by the subcommittee of the CASSP Advisory Group, they do have shortcomings, and they are the first to admit them. One of the lasting impressions from these programs' staffs was their ability to objectively discuss the strengths and weaknesses of their programs. The sections in the in-depth descriptions that discuss program needs and future plans address resolution of some of the current difficulties being faced by individual programs. Despite the fact that these programs are in different geographic regions of the country and have different philosophical frameworks and treatment approaches, there are a number of problems that were consistently identified. First of all, there is a strong belief that there is a need for more of these day treatment and residential services for SED youth. Often, the programs selected were the only one of their kind in a particular state or geographic area. Some were beginning to experience waiting lists, and many were finding that there are subtle shifts in their client populations to increasingly more difficult and more psychiatrically-impaired youth. The dilemma of whether to make shifts in current programs or to expand into other services is an issue being faced by many of these administrators in their current environments.

There were three common problems mentioned, in some context, by the administrators of all the selected programs. These were:

- Stability of Funding

  The costs and funding sources for each of the eleven selected programs are summarized in Table II. Day treatment program costs range from approximately $7,600 to $25,092 per year. Residential treatment program costs range from $21,000 to $69,000 per year. This extensive range in costs reflects differences in the overall cost of living in various states or counties as well as structural differences in staffing and program facilities. However, the development and continual operation of programs is not inexpensive.

  As also shown in Table II, every program was dependent on public funding sources at the state, county or city level for the major portion of their budgets. It is safe to say that at least 90 percent of the budgets for each of the programs comes from these public sources of funding. Consequently, this has created instability in funding since state budgets fluctuate according to the economic barometers. In recent years, states have been in a cost-containment mode and, in searching for less costly alternatives in health care, residential treatment programs have come under more intense scrutiny. Many state regulations and policies favor lower intensity and levels of care; although this is often beneficial to many youth, such policies do not always take into account the very complex and long-term care needs of seriously emotionally disturbed youth.

  Overdependence on state funding also creates other problems. Often state agencies buy slots or beds, and regulations are inflexible -- programs may have empty beds for mental health clients, for example, while a juvenile justice youth is on a waiting list. The lack of communication between state agencies often creates financial hardships and headaches for these programs.

  Many of the programs have future plans that include diversification of funding for services. These include increasing fundraising activities and seeking foundation and government grants for new programs and services. In the descriptions, one will find that some programs have already experienced some success in diversification endeavors. It is very interesting that although many programs have the option of acquiring Joint Commission on the Accreditation of Hospitals (JCAH) licensure and becoming eligible for third-party payments, there seemed to be a great resistance and reluctance to do so. Acquiring such licensure would mean major changes in the staffing patterns of these programs and the "medicalization" of interventions that many fear will have a negative effect on the therapeutic milieu of the program.

TABLE II

ANNUAL COSTS AND FUNDING SOURCES FOR THE ELEVEN SELECTED PROGRAMS

PROGRAM	SOURCE(S) OF FUNDING	MOST RECENT FY BUDGET	ANNUAL COST PER YOUTH
• ADVANCES (PA)	• Berks County Children's Services Grants • Berks County Mental Health/Mental Retardation Grants • PA. Dept of Public Welfare • Other: United Way, program fees, Neighborhood Assistance Act Program	$ 401,216 (84)	$42.00 per day ($7,560-$10,080 per year)
• CITY LIGHTS (D.C.)	• D.C. Mental Health Services Adm. • D.C. Commission on Social Services • D.C. Public Schools • Foundation and federal grants and contributions	$ 444,502 (84)	$1,040.00 per mo. ($12,480 per yr.)
• POYAMA LAND (OR)	• Oregon Children's Services Division • Special education funding (State & Federal "Title I") • Private donations	$ 369,360 (84)	$68.96 per day ($17,998 per yr.)
• ALPHA OMEGA (MA)	• Massachusetts Dept. of Youth Services • Massachusetts Dept of Social Services • Local school districts for education costs under Chapter 766	$ 345,686 (84)	$59.19 per day ($21,035 per yr.)
• CHILDREN'S VILLAGE (NY)	• New York State Department of Social Services • New York State Medicaid Program • New York City Commission on Social Services • New York State Department of Education (for education only)	$11,464,890 (84)	Residential Program: $66.00 per day ($24,090 per yr.) $63.10 per day in group home($23,031 per yr.) Education Costs: ($15,976 per yr.)

PROGRAM	SOURCE(S) OF FUNDING	MOST RECENT FY BUDGET	ANNUAL COST PER YOUTH
• LAD LAKE INC. (WI)	• Wisconsin Dept. of Social Services • Wisconsin Dept. of Corrections • Local Educational Agencies (Ill.)	$ 1,900,000 (84)	$96.59 per day ($35,255 per yr.)
• WHITAKER SCHOOL (NC)	• North Carolina Legislative Appropriation to the Department of Mental Health	$ 1,200,000 (84)	$144.89 per day ($56,000 per year)
• YOUTH RESIDENTIAL SERVICES (OH)	• Summit County Mental Health Board • Summit County Children's Service Board • Fees charged to families	$ 950,000 (83)	Parent Therapist Prog. $64.21 per day ($20,000 per yr.) Residential Programs $88.90 per day ($30,000 per yr.)
• REGIONAL INSTITUTE FOR CHILDREN AND ADOLESCENTS (MD)	• Maryland Dept. of Health and Mental Hygiene • Montgomery County School System	$ 6,419,501 (85)	Residential: $41,054 per yr. Day Program: $25,092 per yr.
• THE SPURWINK SCHOOL (ME)	• Maine Dept. of Human Services • Maine Dept. of Mental Health and Mental Retardation • Maine Educational and Cultural Services (also local school systems) • Other: Private donations	$ 2,000,000 (84)	Residential: $29,000 per yr. (incl. education) Home Training and Day Treatment: $8,200-$8,500 per yr.
• TRI-COUNTY YOUTH PROGRAM (MA)	• Massachusetts Department of Mental Health • Massachusetts Department of Social Services • Massachusetts Department of Youth Services	$ 1,700,000 (85)	Residential: $69,000.00 per yr. (incl. education)

- Lack of Some Needed Services

  - Aftercare and Follow-up Services

    Overwhelmingly, administrators of these programs stressed dissatisfaction with their existing discharge and aftercare components. Only a few programs, such as Alpha Omega and Poyama Land, have formal aftercare programs because funding agencies simply will not provide resources for this component, which all program directors feel to be critical to maintaining youth in the community. In addition, a continuum of care does not exist in many communities, so staff often have difficulty in placing youth once they are ready to be discharged from the program. For many adolescents, independent living arrangements are simply not available. The lack of alternatives, coupled with insufficient aftercare and follow-up, means that the gains that youth make while in attendance are often eroded.

  - Vocational Training and Rehabilitation Services

    Programs also feel that their vocational training and rehabilitation services should be strengthened or expanded. Many are serving adolescents with severe educational and learning disabilities; these youth need training for employment if they are to have realistic expectations about living independently in communities. The W-A-Y Program at Children's Village and the new work-study program at City Lights represent two attempts to strengthen vocational training services. Since both programs have instituted these services within the last year, no data are available about their effectiveness. Lad Lake, Inc. and RICA also have very well-developed vocational training components incorporated in their educational programs.

  - Research and Evaluation

    Many programs would like to have funding for research and evaluation. Most have no formal assessments of the effectiveness of their programs, especially longitudinal outcomes. Although City Lights and Children's Village have received grants that will assist in research and evaluation efforts, other programs have not been as successful. The Spurwink School has conducted some formal research on its populations, but the focus has been primarily on clinical practices rather than program evaluation. Most administrators believe that research and program evaluation would strengthen their ability to garner additional financial support for these services.

- Low Staff Salaries

  These programs have difficulty maintaining staff, especially line staff-- due to the incredibly low pay for very tough jobs. The site visitors thought the low level of turnover among staff, especially among line staff, to be phenomenal, given the long hours, high intensity of involvement, the multiplicity of skills needed, and the low reimbursement affiliated with such positions. The salary levels are a major disincentive for qualified staff, especially if the programs are in areas where other opportunities for employment are numerous. The program administrators, as noted earlier, are struggling to find ways to increase salaries and develop other incentives for staff, but this continues to be one of the more serious administrative issues for these programs.

Despite these difficulties, many programs have plans to expand their services and improve quality of care. Almost all the administrators believe that their programs are capable of being replicated in other areas if attention is paid to the critical program components that make the program work effectively. Although the authors of this report have tried to capture the essence of each of these programs, it has been impossible to present all the subtle nuances or environmental and personality factors that combined lead to highly successful programs for seriously emotionally disturbed youth. It is recommended, therefore, that readers contact respective administrators for further information and greater detail about certain aspects of specific programs.

DAY TREATMENT PROGRAMS

- ADVANCES
- CITY LIGHTS
- POYAMA LAND

DAY TREATMENT PROGRAMS

The three day treatment programs included in this paper illustrate, in varying degrees, many of the principles outlined earlier. ADVANCES of Berks County in Reading, Pennsylvania is dedicated to working with youth in their present environments and helping them improve their coping skills in dealing with those environments. One of the unique features of the ADVANCES program is its in-home family counseling program where counselors work with families of the youth in their homes and help reinforce the growth that occurs with the youth in the program. This approach has been considered to be highly successful with hard-to-reach families or where one parent may be resistant to counseling. This program is being expanded to include a Hispanic counselor to work with the increasing number of Hispanic families in the program. ADVANCES also works closely with community agencies to assure that the youth in Berks County who need services do not become "lost in the cracks" of the service system.

City Lights, in Washington, D.C., illustrates the potential effectiveness of advocacy and planning in the development of a day treatment program for minority youth. This program has developed an effective model that emphasizes the interaction and interrelatedness of education and therapy, i.e. education as therapy and therapy as education. This leads to a continuity of treatment and staff that provide a structured and cohesive environment for youth who often experience chaotic and disruptive events in their lives. City Lights is in the inner city; the program treats youth in the environment in which they interact every day, instead of moving the youth into a more idyllic setting. City Lights also utilizes a unique educational program that, combined with computers and individualized instruction, provides motivation for many of these youth so that education can begin to be a positive experience. Finally, City Lights has begun to address the needs of its older adolescent population through close cooperation with vocational rehabilitation personnel and through the development of a work-study program that will provide apprenticeships for eligible youngsters.

Poyama Land is an example of one of the few day treatment programs for younger children, age three to twelve. Poyama Land has a strong philosophical commitment to a community-based multi-disciplinary program model, which emphasizes the family as the unit of intervention. Its approach is centered on maintaining contacts with a child's community of origin. The program has strong community support. Children in the program continue to attend their local schools one day a week and increase this time as they become ready. The education program is an integral part of treatment. Staff work closely with the local schools and the schools, as well, have a liaison with the program. One of Poyama Land's strongest features is the extensive way in which it involves families. Families meet in weekly group meetings and weekly therapy sessions. They also have input in the hiring of new personnel. In addition, the agency continues contact with the child and family for three months after discharge.

ADVANCES OF WILEY HOUSE

Centre School
RD #1 Box 3T
Mohrsville, PA 19541

OVERVIEW

ADVANCES is a day treatment program in the Reading, Pennsylvania area that serves emotionally disturbed boys and girls, ages eleven through 18. This private, non-profit program is supported by the Department of Public Welfare, with funds through the local offices of Mental Health/Mental Retardation and Berks County Children and Youth Services. The education component is provided by the Reading School District and the Berks County Intermediate Unit, which conducts special education programs.

The program, housed in an old school building in a residential neighborhood of Reading, has a capacity for 52 youth who have had a history of difficulties in their schools and communities and with their families. The program operates five days a week from 8:30 a.m. to 2:30 p.m.

HISTORY OF THE PROGRAM

ADVANCES was established in 1977 by Dr. Robert Nagle, who is the current executive director. Prior to the creation of ADVANCES, Dr. Nagle headed up the Young Adult Unit of the Wernersville State Hospital. When the focus of care shifted to community-based, less restrictive settings, this unit met the same demise as many other state hospital units, and in 1976 it was closed. In response to the closing Dr. Nagle developed a proposal creating ADVANCES, which was licensed and funded as a partial hospitalization program in 1977. Six of the staff that had worked with Dr. Nagle at Wernersville joined the staff of ADVANCES; four still remain forming a nucleus of staff that have had a long tenure of working together.

CLIENT POPULATION

The teens in ADVANCES come to the program with multiple problems. They are generally referred to the program when they have become too disruptive or unmanageable to remain in the school classroom. Youngsters accepted into the program may be emotionally disturbed, suicidal, truant, runaway, rebellious, substance abusers, and/or juvenile offenders. Conduct, substance abuse and affective disorders represent the most common diagnoses. Although staff indicate that the program tries to take most youth referred to ADVANCES, as a rule youngsters who have IQs below 80 or who are actively schizophrenic or psychotic are not accepted.

Most of the youth, about 68 percent, are between the ages of twelve and 15. The remainder are 16 to 17. The program generally has a slightly larger number of boys than girls. Most youngsters remain at ADVANCES for a period of time of about nine to twelve months.

The racial, ethnic and demographic characteristics of the population are similar to those of the community-at-large. For the most part the children are from working class, white families. There is, however, an increasingly large Hispanic population in the area -- many working on mushroom farms in the rural parts of the county. As a result, ADVANCES is seeing a greater number of Hispanic children; currently Hispanics represent 35 percent of the ADVANCES client population. Only about ten to eleven percent of the youngsters are black.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The primary goal of ADVANCES is to help troubled youngsters develop behavior that will allow them to be accepted and productive members of society. The treatment program is designed, therefore, to foster self acceptance and change, to increase self esteem, and to teach young people how to deal with feelings of anger and depression in appropriate ways. To accomplish these goals ADVANCES believes that work with a child has to occur on a number of different levels, and that a variety of approaches need to be employed.

The most critical element of treatment is the building of relationships. Staff see their major job as creating a supportive environment, teaching youngsters to learn to trust and serving as positive role models. "Kids have to hook-in or connect with at least one staff person if this program is to work," explains one staff member. Individual and group counseling, sports, recreational activities, crafts, woodworking, educational instruction and social skills development are all designed to provide an environment where positive relationships are made and children begin to feel better about themselves.

ADVANCES also uses a behavior modification approach, based on a point system, to encourage and reinforce behavioral change. Every day each ADVANCES student is given a card which records the points accumulated for that day. A child may accumulate or lose points for being on time, for the work he/she has accomplished, or for the achievement of any individual goals that were established for that child. A child's card is punched by a staff person indicating the number of points earned or lost after each period. At the end of the day the total points are accumulated and the youth is rewarded with a minimal cash payment. The points are tied into a level system. For example at Level 1, a child who has earned 200 points during a day can receive $1.50 and put 50 points "in the bank". On a monthly basis points in the bank can be used to "buy" a higher level, which in turn results in more privileges. At Level 4, for instance, a child can earn $2.25 a day. Points can also be accumulated for special trips or camp outings.

Staff at ADVANCES believe that the behavioral system is an effective tool for managing behavior. Young people put a high premium on fairness. The point system that is used is viewed as fair and understandable. The points and the rewards earned provide status as well as immediate feedback. This system of positive and negative consequences encourages and reinforces responsible behavior. It has been found that this behavior modification approach works particularly well with nonverbal youth. At the end of each day the counselors review the cards of their students to see what kind of day they had. Thus, the system serves as another mechanism to inform staff of the daily status of each individual child.

ADVANCES also recognizes the important influence that families play in these children's lives; for this reason special staff have been hired to provide outreach to those families most in need and to work with them on a regular basis in their homes.

THE PROGRAM

Intake Procedures

The casework supervisor is responsible for intake. After a referral is made, the supervisor meets with the child and the family to conduct a preadmission interview. The records on each child are collected and a summary developed. If a child is not considered appropriate for ADVANCES, efforts are made to find an alternative program. Although there are no absolute criteria for refusal, generally severely psychotic children or those with an IQ below 80 are not considered appropriate for the program. It usually takes a month for the process to be completed to admit a child. Once admitted, each child is assigned a counselor and group. On the initial day, one of the ADVANCES youth is also assigned as the new student's "buddy" to help the youth integrate into the program. Within the first five days the youth's counselor is responsible for the development of an individual treatment plan (ITP).

The Daily Routine

ADVANCES provides a structured day for its participants that is both therapeutically and educationally oriented. Clients participate six hours a day (from 8:30 a.m. to 2:30 p.m.) five days a week in a range of activities that include individual and group counseling, classroom instruction, recreational activities, sports, music, dance, arts and crafts, and woodworking.

Educational Component

The school component of the ADVANCES program is a rather unique arrangement. Educational instruction and materials are provided by the

Intermediate Unit (I.U.) of Berks County, a special entity that is actually separate from the local school system. Each unit provides special education services to its assigned district by staffing classes either in public schools or facilities such as ADVANCES.

When a youngster enters the program the I.U. teachers put together a profile on each student, based on information from the youngster's previous school and from standardized tests. An individual education plan (IEP) is developed and materials and assignments are geared to a particular student's level. Instruction is totally individualized. The goals of the educational component mirror those of the overall ADVANCES program: to build self esteem, to enable these young people to experience educational success, and to change negative habits and behaviors that cannot be tolerated in a regular classroom.

Students attend classes with their group. These groups are not organized by age or ability or any other dimension for that matter; as a result there is great variety in each class. In any class the age range may be from eleven to 18 and the instructional level from second grade to academically gifted.

The classroom is organized so that both teachers work as a team. The teacher's role is akin to that of an individual tutor. With 18 students in each class and no aide, the demands on the teachers are extremely heavy. Even though the teaching is individualized, the heterogeneity of the groups also places a special burden on these teachers. Every student has two periods of classroom instruction a day and each day the students focus on a different subject. All students also participate in a computer class one period a week. Students receive grades four times a year. As an incentive they gain points for their classroom behavior and accomplishments.

Teachers indicated during the site visit that they experience few discipline problems because of the high degree of structure in the classroom. As a result of this structure, coupled with the individual attention received, students make considerable progress in the ADVANCES classroom. The transition back to their neighborhood school, however, is usually not an easy one for them to make. It is not uncommon for a student's progress to regress, said the teachers, when that student returns to his/her local school.

ADVANCES staff conduct a G.E.D. program for those students who will not be returning to regular high schools. The counseling and activities staff also teach classes during the summer. In addition, staff is supplemented by a teacher hired during the summer months who schedules classes for each group one period a day.

Clinical Services

Individual counseling is an important part of the ADVANCES treatment program. Each teen is assigned a counselor. The counselor has frequent contact with the teen and works to establish a relationship as a friend and an advocate. Since the counselors have diverse backgrounds their approach to treatment varies. The counselor meets with the teen in individual sessions on a weekly basis to help the youth understand what behavior is inappropriate and to set goals for changes to be achieved. Because all staff at ADVANCES assume multiple roles, invariably the counselor comes in contact with the youth daily, either in group or individual sessions, during recreational activities or at lunch.

Group sessions, which also meet weekly, are another essential component of the treatment program. The composition of the groups is heterogeneous and their activities vary, but the overall purpose of all the groups is the same--to help youngsters become aware of the thoughts and feelings of others, to express themselves and to become supportive of each other as they experience increased interpersonal sensitivity. In one of the groups attended by the interviewer during the site visit, five teenage girls were asked to share their thoughts on what flower they would select to describe themselves and each other. The discussion that took place was honest, revealing and very supportive.

In addition to the group therapy sessions, teens in ADVANCES spend considerable time in a variety of other group activities designed to help them work on their emotional and behavioral problems while at the same time learning skills. Teens generally stay with the same group throughout the day. There are two shop facilities located in the school; one is set up for woodworking, the other for crafts such as leatherworking, knitting, and macrame. Usually during shop time there are only four youngsters in the class. This allows for good discussion time between staff and the youth. The woodworking shop also enables teens to develop vocational skills that can be used for future employment. During the week teens participate in various sports in the gym, in a life skills group, aerobics classes, drawing classes and reading lab. A "girls stuff" group of several staff members and adolescent girls at ADVANCES gets together once a week for lunch, shopping or discussions.

Behavioral Management/Discipline

The highly structured day and the point system are generally an effective means of controlling discipline problems. But there are occasions where a child or a situation gets out of control. Staff are taught how to deal with violence and have all been instructed in the use of passive restraints. A youth may also be suspended for certain behavior. The four major grounds for suspension are fighting, selling or using drugs, stealing or destroying property. The decision to suspend a youth is made in the daily staff meeting and parents are always notified--the suspension usually is for one day.

INVOLVING FAMILIES

Family involvement at ADVANCES is voluntary but is considered to be important in the treatment of many of these youngsters. Families meet with the intake worker when a youth is being accepted in the program so that they fully understand what is expected of the child. A family history is also taken at that time. Family support is considered critical in making certain that a youth attends the program.

Both counselors and teachers have regular contact with families through their youth and through the program. But because many of the families of the youth in ADVANCES have multiple problems, ADVANCES staff believed that it was necessary to work more intensively with families. Without additional staff this was not considered to be feasible. ADVANCES sought funding through the United Way to hire a caseworker to make home visits to families and provide counseling on a weekly basis to some of the most troubled families in the program. The in-home family counseling has been so well received that additional monies have been approved to hire, in July, a Hispanic worker to provide outreach to the growing number of Hispanic families in the program.

Since the counselors are most aware of which families and children could benefit from more intensive family counseling and support, they make referrals to the family counselor, and she in turn makes contact with the family. The family counselor works with families in their home. Generally she meets with all family members and is open to supporting them in dealing with a range of problems, for example, helping the family to find adequate housing, getting counseling for a sibling, or assisting couples with marital problems. The approach used by the counselor in working with the families is similar to that used with the youth in the program. The counselor develops goals with family members and assists them in trying to accomplish those goals. The family counselor indicated that she spends a great deal of her time helping families learn better parenting skills. Improving family coping and parenting skills supports the kind of growth the youth is gaining from his/her participation in ADVANCES. The family counselor emphasized, during the site visit, that in working with families she has learned to be realistic about what can be achieved and to be grateful for small changes.

Because the counselor generally meets with families in the evenings she is limited to working with only five to six families at a time. She is likely, however, to maintain some contact with a family through the duration of the period that a youth is in the program as well as after discharge. The counselor only works with natural families, since other agencies work with foster parents. Generally, families are quite receptive to becoming involved in counseling because they often feel overwhelmed. During the time the in-home program has been in effect only two families have resisted and refused to participate. The families who were interviewed during the site visit found their meetings with the counselor to be supportive and helpful; one stated that these sessions were "one of the best things about ADVANCES". Parents whose teens were no longer in the program indicated they were now better able to handle their sons or daughters.

STAFFING AND PROGRAM ADMINISTRATION

The 17 members of the ADVANCES staff include three caseworkers, two psychologists, two R.N.s, two teachers, four activity therapists, a part-time psychiatrist and three administrative/clerical staff. This results in a staff to client ratio of 1:4. Staff work as a total team. Functions and responsibilities are not differentiated by professional discipline. All staff, including the administrator, who is a clinical psychologist, are part of the treatment milieu, acting as counselors as well as running programs.

Three staff have been designated as supervisors of various program components. For example, one staff member supervises the activities staff, another the caseworkers and family counselors. The teaching staff receive their supervision from the I.U. via weekly telephone calls or meetings. A representative of the I.U. staff also attends the ADVANCES staff meetings on a weekly basis.

At the end of each day all staff, including teachers, convene for an hour to discuss any particular problems that occurred. Typically the discussion centers on any youth who has shown marked progress or who has seemed particularly troubled that day. Counselors often seek input from other staff for advice or insights on one of their clients. On Thursdays, the psychiatric consultant attends the meeting to review with staff his evaluation on any new youth entering the program or to provide feedback on any individual sessions that he has had with one of the youth. The session also provides staff with an opportunity to consult with a psychiatrist on any of their clients.

Despite the demanding nature of their job and the frequently less than ideal working conditions, staff all conveyed the feeling of truly liking their work at ADVANCES. Turnover, over the years, has been low; in fact, four staff have been together since the early 1970's when they worked at the state hospital. Staff attribute this low staff turnover and the positive feeling they have about their jobs to a number of factors: the ADVANCES staff like working with young people; they also enjoy working together and feel a strong sense of camaraderie and cohesiveness that develops from "having been through a lot together"; ADVANCES has a family atmosphere; and, there is a strong loyalty to the administrator. In addition to these factors staff acknowledge that the support they receive from the administrator and each other is important. The daily staff meetings allow staff to vent their frustrations, to laugh, and to get help from each other in handling a difficult case. In-service training is also budgeted for staff. Staff are encouraged to attend conferences and workshops and resource people are also brought in to provide training in areas that staff have identified. As an example, courses have been held on the use of passive restraints and on violence-free relationships. Once a year a staff day is designated so that all staff can come together to discuss issues of concern and to focus on programmatic changes they would like to see made.

ADVANCES has a 21 member board that is actively involved in the organization's administration. The board is viewed as an important vehicle for spreading the word about ADVANCES and the work it does to the broader community. Board members also have expertise in various areas which are useful to the agency. For example, several board members with financial backgrounds have been helpful in dealing with some of the agency's fiscal crises and improving the management of the budget. A number of board members have had long-standing tenure with ADVANCES, participating on the board since the agency's inception.

DISCHARGE PLANNING AND CONTINUITY OF CARE

A youth usually remains in the ADVANCES program from nine to twelve months. A child's readiness for discharge is discussed in a staff meeting where all staff can have input. Though the counselor may make the initial recommendation the decision is generally made by the staff as a team. The level of points a child has achieved may be a factor in determining that a youth is ready to be discharged but this is not always the case. Staff try to tailor the discharge plan to the youth. Usually the plan involves getting a youth back into his/her regular school or into a vocational training program and it may include a referral for individual and/or family counseling.

If a youth consistently does not attend the program or has repeated suspensions, then a negative discharge may be necessary. Staff work hard to keep a child in the program but acknowledge that sometimes a youth doesn't "hook-in". Staff then try to find a more appropriate placement.

ADVANCES offers no official aftercare program, but counselors make an effort to stay in touch with their former clients. Both the teachers and the counseling staff recognize that there is a need for aftercare to facilitate the transition back to schools or to a vocational training program. For many of these young people reintegrating is a difficult process. They like and respond well to the special and individualized attention in a program like ADVANCES. Although most seem to make the necessary adjustments when they leave ADVANCES, staff believe a more formalized support system and liaison with the schools would make the transition easier and may be critical for the minority who do not make it.

COMMUNITY LINKAGES

Through its board, referrals, and funding sources, ADVANCES has a wide range of community contacts and linkages. In interviews during the site visit, with staff from many of these agencies, there's a clear sense that ADVANCES has a positive image in the community and is viewed as providing a much needed community service. However, different agencies have slightly different perceptions of what they expect from ADVANCES. The judges view ADVANCES positively because youth who participate are less truant. Children and Youth Services staff view the program as an effective alternative to residential treatment or to foster placement and as an alternative educational placement for those youth experiencing difficulties in school. The United Way believes that ADVANCES is extremely effective in strengthening the family unit, one of its priority goals in allocating funds. The Mental Health/Mental Retardation Board views ADVANCES primarily as a treatment setting for severely emotionally disturbed youth and, according to staff, would prefer the program to be more psychodynamically-oriented.

Referring agencies indicated that the executive director makes a concerted effort to process referrals quickly and this responsiveness is appreciated. ADVANCES maintains regular contact with the agencies that refer clients to the program. Counselors routinely provide feedback on a monthly basis via the telephone and written reports. Contact with the schools is maintained through an itinerant worker from the Berks County I.U. who attends staff meetings on a weekly basis and also serves as a liaison between ADVANCES and the local schools. The executive director does believe that the linkage and coordination between ADVANCES and the local schools could be strengthened, however, and for this reason an effort is underway to add one or more representatives of some local schools to the ADVANCES board. All agencies involved with a youth and his family usually are involved in the discharge planning process.

FUNDING AND BUDGETARY ISSUES

Adequate and stable funding is a continuous struggle for ADVANCES. The majority of ADVANCES' financial support is derived from contracts with two county agencies. Despite inflation, contract dollars have remained the same and this constraint has produced a tenuous financial situation for ADVANCES. In 1984, ADVANCES' total public support and revenues amounted to $401,216. The breakdown of these funds was as follows:

Berks County Children's Services Grants	192,918
Berks County Children's Services Wilderness Program	1,500
United Way	18,397
Neighborhood Assistance Act Program	7,200
Program Fees	6,731
Interest Income	582
Miscellaneous Income	469

The grants from both Children and Youth Services and MH/MR are based on a $42.00 per day payment for each child. The mental health contract specifies that only 120 days (six months) of services are covered. If a youth continues to need the program, he/she is usually converted to "C and Y" status and that agency picks up the funding. Funding for the "C and Y" youth is dependent on their attendance; therefore ADVANCES has a strong incentive to motivate youth to attend. As indicated previously, Berks County I.U. pays for two teachers, supplies and one caseworker. The local school systems provide transportation for the students in ADVANCES during the school year. The Reading School District provides transportation for its students in the summer. Reading also pays for half the rent of the Millmont School Building, covers the costs for housekeeping and utilities, provides a daily lunch and picks up the salary of one FTE caseworker. Total expenses for 1984 were $350,851; major items included:

Wages, salaries and benefits	$265,828
Contracted services	17,925
Rent	10,000
Communications	6,259
Activity supplies and expense	4,704
Office supplies and expense	2,282

ADVOCACY

Advocacy for youth is an important part of the executive director's role. Both through the work of his own agency and his participation on numerous boards and committees, the executive director is frequently called upon to get involved with issues that affect the lives of troubled young people.

Two years ago a group called PRO KIDS was formed in Reading to improve coordination among agencies working with children and youth and to serve as an advocate on behalf of this population. Several issues that PRO KIDS have addressed include improved reporting of and action on child abuse cases and violence in the schools. The ADVANCES' executive director is an active board member of this coalition and his participation is highly valued because of "his first hand knowledge of the population, his extensive experience in grant writing and working with public officials and his personal contacts with other service providers."

The executive director believes that work with the types of youth served by ADVANCES must take place on a number of different levels. In his view advocacy on the broader issues is equally as important as the direct service provided to them through a program like ADVANCES.

RESEARCH/EVIDENCE OF EFFICACY

Because of ADVANCES' budget crisis, the agency has been concerned over the years about documenting the effectiveness and success of the program. In 1980, telephone calls were made by counselors to all their former clients from 1977 to 1980. Based on a 35 percent response rate to open-ended questions posed by the counselors, it was concluded that 70 percent of the ADVANCES youth were functioning in a "socially acceptable manner in schools, homes, jobs, neighborhood and with their peer groups."

In 1982 an independent researcher was secured as a volunteer to conduct an evaluation of the program. He sent a questionnaire requesting information on ten different measures to 220 former ADVANCES clients. Follow-up phone calls were made to those not initially responding, resulting in a 27.3 percent return (59 respondents). The survey findings indicated the following:

- The majority of respondents (71 percent) returned to school or enrolled in some type of educational program since leaving ADVANCES;
- At the time of the survey, approximately half (45 percent) were attending school or an education program;
- 75 percent both looked for employment and were hired;
- 19 percent were fired or layed off; of those fired, all sought further employment.
- At the time of the survey 35 percent were employed, either full or part-time (86 percent reporting responsible attendance on the job);
- 28 percent reported an increase in either alcohol or drug intake; (the assumption being that the majority are not using drugs or alcohol or have not increased usage.)
- 25 percent reported community participation;
- 35 percent reported that they were in counseling or therapy;
- 6 percent reported convictions, imprisonment or some type of institutionalization;
- 88 percent stated that the services they received at ADVANCES had helped them to deal more effectively with their problems and that they would recommend the program.

In 1983, a questionnaire was sent to 35 of the ADVANCES Children and Youth clients discharged that past year and to 20 who were still in the program. Overall results were similar to those indicated above. The single most negative area, according to ADVANCES, is the client who comes to the program with a prior arrest record. For these clients there's a tendency toward recidivism when they leave the program; clients who do not "connect" or "hook in" with a staff person and are discharged before they finish the course of treatment are more likely to be candidates for placement in an institutional setting.

PROGRAM NEEDS AND FUTURE PLANS

The ADVANCES executive director strongly believes that the need for services to emotionally disturbed and acting out young people is on the rise. In his estimation the schools are experiencing more and more problems dealing with difficult youth who need special, individualized attention. Schools need assistance in handling these youth and need to be more open in considering alternative placements for them. For those reasons the executive director would like to see ADVANCES work more closely with the schools in the future.

His other "dream" is to try to develop what he refers to as "base units" for serving children. Through the base unit a child or youth could receive a continuum of care appropriate to his or her needs. Major gaps in services, Dr. Nagle thinks, are residential facilities, which are necessary for certain children, and aftercare to assist a child in the transition from a day treatment program to the community. Future plans for ADVANCES might involve expansion in these two areas.

GUIDANCE

In the interviews with agency staff, board members, parents, and ADVANCES youth, there was a general agreement that the staff of a day treatment program constitute the essential ingredient to its success. The students, in response to the question of why they felt the program helped them, all mentioned the support and guidance they received from staff. As one youth put it, "the staff were always there for me." Parents, as well, gave staff credit for helping their child and for being supportive of them. Staff emphasized that certain characteristics and qualities were necessary in running a day treatment program for troubled youth. In their words:

> "Staff need to be mature, able to cooperate, flexible and must truly like kids."
>
> "Staff need to provide support for each other."
>
> "Degrees are not as significant as the sharing of roles, perceptions, and skill."

Other factors that staff and board members stressed were critical underpinnings to a program's effectiveness included:

- a clear treatment philosophy and a strong leader to carry it out;
- structure and a supportive environment;
- a caring attitude;
- a school in which the teachers are an integral part of the program and children can receive the special, individual attention they need;
- a program in which young people are not rejected by their peers;
- opportunities for a young person to experience different types of relationships;
- acknowledgement that families are an important part of the treatment; and
- a strong base of community support.

CITY LIGHTS
724 9th Street
Washington, D.C. 20001

OVERVIEW

City Lights is a private non-profit, day treatment program serving black adolescents in the Washington, D.C. area. This alternative educational and therapeutic program enrolls 30 adolescents, between the ages of twelve and 22 years old. It is the only psychoeducational program in the District for emotionally troubled teenagers over 17--a group that is consistently underserved in both the child and adult mental health systems. The youth served by the program are those who have been "written off by the schools as unteachable, by the juvenile justice system as intractable and by the mental health system as untreatable."* Located on the second floor of a converted warehouse, City Lights is designed to withstand the massive assaults of such troubled youth. In the two years since it opened (1983), the day treatment program has achieved an attendance rate of 90 percent, despite the fact that its client population consists of chronic truants.

HISTORY OF PROGRAM

City Lights was developed in response to a lawsuit, Bobby D. vs. Barry, which the Children's Defense Fund (CDF), together with the Georgetown Juvenile Justice Clinic and the Volunteer Attorney's Office, filed in 1977 on behalf of handicapped wards of the D.C. Department of Human Services (DHS). Many of the youth in the Bobby D. class had spent years in institutions, not because they could benefit from such confinement, but because appropriate care outside of institutions was unavailable. CDF realized the need to go beyond legal remedies to ensure that adolescents, often sent to institutions out of state, received community-based care.

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*Judith Tolmach, ACSW, "'There Ain't Nobody On My Side': A New Day Treatment Program for Black Urban Youth," Journal of Clinical Child Psychology, September, 1984.

CDF hired Judith Tolmach, a social worker who had developed a successful psychosocial day treatment program for the chronically mentally ill in the District, to plan a program for these youth. CDF was awarded an 18-month planning grant from the Van Ameringen Foundation to help fund this planning phase.

During this planning phase, Ms. Tolmach met with lawyers, social workers, hospital staffs and representatives of city departments to begin to lay the ground work for setting up such a program. These initial linkages were essential to the development of the program. She also carefully studied models from other communities, recognizing the need to tailor them all to the District. She worked closely with DHS staff. At first, she encountered substantial hostility from DHS because the department felt that development of such a program meant that they had been derelict in their performance.

Within 18 months City Lights opened with ten children. In its first year, City Lights did not receive any public sector contracts due in part to skepticism about a program for disturbed adolescents that eschewed locks and medication. Therefore, the program was forced to underwrite most of its first year with revenue raised from 15 private foundations. The Commission on Social Services (CSS) and the D.C. City Council also provided strong support and $75,000 in start-up funds. With one full year of funding, City Lights solicited ten tuition-free referrals from various agencies, including Saint Elizabeth's Hospital and the D.C. public schools. Raising adequate funds up front to run the program for one year guaranteed financial stability, allowing staff to concentrate on quality of services rather than survival.

CLIENT POPULATION

At the time of the site visit, all the students at City Lights were black, indigent adolescents from disorganized families in the District. Almost all the youth are wards of the District; many currently live in foster placements. Many of the students are the children of teen-aged mothers -- mothers often unable to provide stability or nurturing. These youth have a multitude of problems. The majority of the students receive DSM III diagnoses of conduct disorders, adjustment disorders, disorders of impulse control and affective disorders. In addition, many have been involved in criminal activity and have secondary diagnoses of drug and alcohol abuse. All the youth have serious educational and emotional deficits and have failed consistently at home, at school and at work. The typical student at City Lights, by age 16, has experienced at least three out-of-home placements (in residential treatment, foster care, a mental hospital or a juvenile detention facility.

At the time of the site visit, one-fourth of the youngsters were ages twelve to 15; approximately half were age 16 or 17; another one-fourth were between the ages of 18 and 22. Only six of the youth were female. Of the current students, over half live with foster parents; the others live with a single parent, older siblings or in a group home. Most of the youth are referred to the program by the courts, community mental health centers, social service agencies or parole officers. The program currently has a contract with the D.C. public schools, however, few youth are referred by the schools. More recently, the program has also received referrals from other students or parents whose children have been involved in the program. On average, a youngster usually spends 24 months in the program.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The City Lights' philosophy is predicated on the theory that a program needs to be responsive to all needs of the youth that attend. It needs to address, in the case of most City Lights' students, an array of social, psychological, educational, vocational and economic deficits. Nurturing is an important component of the treatment program. The program first attempts to foster dependence which is a necessary prerequisite to independence, just as attachment must precede autonomy. Therefore, it is important that the therapeutic milieu be reliable and consistent.

City Lights offers an eclectic approach to treatment that includes traditional and non-traditional therapies. An important underlying principle is the belief that education is therapy and therapy is education;

the boundaries between the clinical and educational aspects of the program are intentionally blurred. City Lights' staff is committed to meeting almost every need that arises for a student; when they are unable to provide a required service (such as new eyeglasses or an after-school job), the program advocates for the student in the community and teaches students to become their own advocates as well.

The interventions and the goals of the program vary according to the age of the youngster. Generally, the 13 and 14 year old youth require extensive reading, math and study skills, with the ultimate goal being to mainstream them back into the public school system. The 16 to 17 year old group could probably attend public school, but frequently their reading and math skills are inadequate, even after intensive remedial help. Therefore, they require reading skills, basic math skills and independent living skills. They may be able to pass the G.E.D. exam or enroll in a vocational training program. The oldest population, those 18 to 22, cannot return to public school and many probably could not pass the G.E.D. exam. The goal for this population is to develop the job skills and social skills to be successful in an entry level position. Within this older population, there are two distinct groups -- those who can develop a functional reading ability and those who cannot.

THE PROGRAM

Intake Procedures

The majority of referrals to City Lights come through the Commission on Social Services (CSS) and the Mental Health Services Administration (MHSA). Lawyers and parents who refer children are told to apply to either of those two agencies for a referral to the program. The clinical director and the principal handle the initial intake, which includes an extensive interview with the child, parent or guardian, and referring social worker. City Lights has an inclusive, rather than an exclusive, intake policy. Almost all children referred are admitted for 30 days; during this extended intake, staff determine if the program can benefit the child. An adequate assessment cannot be made on the basis of a brief interview or past records. Rather, the program and the child need to get to know one another.

Educational Component

The philosophy of City Lights is translated into a unique and different educational program. The important aspects of the program include: a curriculum that places youth according to their needs in an appropriate sequence of activities designed to help them learn; a behavioral management system; class meetings; and, the close relationship between the educational program and the clinical program.

The curriculum used at City Lights was developed by the Remediation and Training Institute. This curriculum, the Comprehensive Competencies Program (CCP), is an integrated system of paper and pencil lessons, computer software, cassettes and film strips. Compiled from the most effective materials developed for CETA and Job Corps, CCP is an elaborate system of teaching materials that offers: instruction that begins at the non-reader level and proceeds to college level; life skills (such as comparison shopping or job interview skills) taught simultaneously with basic math, social studies and reading; immediate positive reinforcement; objective evaluation of progress; and finally, the pride of instrumental mastery. The computer-assisted and managed curriculum allows the teacher to spend less time on lesson preparation and more time interacting with individual students.

When a youth enters the program, standardized tests are used as a guide to develop an individualized education program and an IEP for every student for each subject. Students work individually sometimes using the prepared materials, sometimes using computer assignments. There are planned assignments for every level. Each student has a folder that includes the work that has been completed and that which needs to be done. This helps the youth and the teacher monitor progress. The students check how much time they put into each curriculum item. After each unit has been completed, there is a unit test. When these unit tests are completed there is a level test. The student must make 80 percent on the unit and the level test to pass and to go on. A computer grades and analyzes each unit and level test and provides instant feedback and analysis to the student. The teaching goals are also individualized under the CPP.

Normally, there is one teacher in the classroom for approximately eight students. The maximum classroom size is ten. The teachers provide frequent individual assistance to each student, and also deal with any disruptive behavior that occurs.

Behavioral Management/Discipline

There are behavioral rewards associated with the learning process at City Lights. A point system is used to monitor a student's behavior during each class and activity in the day. Both students and staff are involved in the ratings. After each class a rating occurs. There are points for smooth transition, acceptable behavior and acceptable language. Transition is the period of time when a student goes from one class to another. Negotiating this transition is often one of the most difficult tasks for students.

The points are calculated each month. Those who receive outstanding ratings make the "A-Team" -- a high status accomplishment that includes peer and teacher recognition as well as additional rewards. At the time of the site visit, four students had made the "A-Team" for the month, and the level of pride was immediately apparent. Furthermore, many of the students reported that making the "A-Team" was a highly prized goal. Although such behavior modification techniques are used effectively at City Lights, staff state that their major focus is on more internal and lasting changes.

In attempting to establish control and institute discipline the staff feels it is important that youngsters respond to verbal cues. Warnings, the point system, and the class structure are all geared to supporting control. If youth lose control, it usually takes one of two forms. The first is typical adolescent defiances; the second is truly a loss of touch with the reality of the situation. In the latter case the student is removed from the class and given an opportunity to talk privately with a staff member.

Disciplining a student takes several forms. A student can be suspended from the classroom with a stipulation that he or she needs to talk with a counselor, teacher or any others involved. This may involve another student, as well as a staff member. The student can also be asked to leave the City Lights building. In this case, the youth's presence is viewed as destructive to the ongoing program. Suspension from the building gives the student a chance to "cool out." It also prevents the contagion from spreading to other students. Upon suspension, the youth's social worker calls the parent(s) and calls the child to discuss the problem.

Clinical Services

Many students who come to City Lights are not "ready" for individual or group therapy. Deeply distrustful of any human interaction, they resist attempts at reducing their protective defenses. But because the total environment -- the milieu -- at City Lights is carefully planned to provide constant therapeutic interactions, treatment begins as soon as a student enters the program. Every transaction between staff and student provides an experience that is trustworthy, consistent and respectful. Over time this consistent environment, where communication is clear, becomes a medium for healing. Collaboration and consistency are key factors in the therapeutic milieu and constant effort is expended to achieve them. A daily staff meeting, at which each child in the program is discussed, and the bi-weekly process group are essential to this collaborative process.

Every day there is a class meeting in each homeroom; a teacher and a social worker lead the group in a discussion of issues that affect the whole group. The class meeting structure is used to help students delay immediate gratification. Students are asked to wait and discuss issues that come up during class time at the class meeting. Discussion is always limited to subjects that cannot hurt someone else; no scapegoating is allowed to occur. On the day of the site visit, one class meeting focused on the feelings evoked when some students consistently came to school without a lunch of their own. On the one hand, students felt that they should share their lunches; on the other hand, many felt some manipulation was involved since the same students consistently tended not to have lunches. The group decided that some type of sandwich or other food could be made available to those who had a legitimate reason for not having a lunch. As shown in this example, many of the issues discussed in the daily class meetings reflect the ambivalence students have in trusting their peers. Every Friday there is a community meeting that allows for information sharing and feedback among the students and teachers. Usually major issues are discussed; sometimes a speaker makes a presentation.

Besides class meetings, each student is seen in individual or group counseling at least once a week by a social worker at City Lights or an outside therapist who has been previously involved with the student. The clinical director ensures that close contact is maintained between the school and any outside clinicians involved in treatment with a child. According to the clinical director, it is difficult to use insight-oriented psychotherapy with these students. Rather, the emphasis is on here and now issues, decisionmaking and problem-solving techniques. Feelings are explored only after a trusting relationship has been established -- a slow process that may take months. The major goal of individual counseling is to help students build self-esteem and to increase the youngster's ability to generate options for himself/herself. Many of these youth lead a very circumscribed existence and have great difficulty in reaching out for new experiences. They are limited by poor communication skills and survive by manipulating others, thus emphasizing the more negative aspects of human interaction. Therefore, counseling must start where the student is. Usually the first therapeutic task is to get the youngster to come to City Lights each day -- this may simply mean being in the building. The second therapeutic task is to have the student come and develop an ability to stay in class. Sometimes these therapeutic tasks take weeks or months to achieve.

The social work staff also offers support groups to students for problem-solving. At the time of the site visit, there was a group focused on dealing with authority and another focused on interactions in the work world. These support groups focus on behavior choices as well as current events and problems in daily living.

Individual therapy requires a degree of intimacy that is often impossible for some of City Lights' students. Therefore, social workers often use the telephone as a therapeutic intervention. The program has found that calling students on the phone in the evening ("telephone therapy") has produced surprising results. Initial calls are impersonal, just a "touching base", along with ample doses of praise for the smallest achievement that occurred during the day. Since students are amazed that an adult would call on the phone with anything other than a complaint, these conversations have led to therapeutic alliances and the eventual ability to tolerate face-to-face encounters. Parents and foster parents also have become more willing to communicate and to participate in the program as a result of these brief telephone contacts.

The Daily Routine

Each student spends an average of 25 hours per week in the program. They come to City Lights on public transportation and many walk. When the students enter the building, they can play games, like chess or Connect Four, for 15 to 20 minutes. Classes start at 9:30 a.m. and students stay until 2:30 p.m. During a typical day, a student will attend three classes in the morning -- English, Independent Living and Math. After the third class, students have a lunch break. The program does not provide lunches, so students are free to bring lunches from home or buy lunches at several fast food places in the neighborhood. Students may leave the building at lunch time if not on restriction. After lunch, students attend their class meeting and two more academic classes.

In addition, students rotate through three special therapeutic programs: horseback riding, music and ice skating. Students go to Rock Creek Park for therapeutic horseback riding. A gospel group is brought in for a music program, and one of the therapists, a social worker, is an Olympic iceskater; she teaches ice skating to the youths. Each of these programs runs for eight weeks. Every Thursday, the students use the gym at Shiloh Baptist Church, which is located in the neighborhood.

For those students who make academic and behavioral gains, the program seeks to offer part-time employment. Students who have jobs earn the right to attend school half-day and work half-day -- an important step toward independence.

The program seems to be quite effective and has a 90 percent attendance rate. Not only do students not want to be suspended from the program, but they usually want to stay in the program as long as possible. This is very significant with a population of chronic truants. This high rate of attendance can be attributed to two significant aspects of City Lights. The first aspect is a diligent and persistent effort at outreach. If a student does not come to school, his case manager calls his home before noon; family members are taught how to support regular attendance and finally, home visits are made, all of which emphasize the importance of the student to City Lights. Secondly, City Lights has created a safe, consistent and joyful environment in which students feel comfortable.

SPECIAL PROGRAMS

• Work-Study Transition Program

In March 1985, City Lights initiated a work-study transition program. With a grant from the United States Department of Education, the agency has established a demonstration program for emotionally disturbed, educationally handicapped youth designed to assist them in making the difficult transition from school to work and from dependence to independence. Twenty such grants were awarded nationwide.

The two-year grant (with an option for a third year) has enabled City Lights to expand its current services to include a work-study program for ten--and eventually 20--older adolescents (ages 17-23) who will work at paid employment in the morning and attend City Lights in the afternoon for intensive remedial education, training in daily living (including on-the-job vocational counseling), and clinical treatment designed to foster maturity.

To achieve these goals the model program will utilize:

- the Comprehensive Competencies Program (CCP);
- a psychoeducation curriculum that decreases social and emotional deficits and increases self-esteem;
- a clinical program of socialization, counseling and case management;
- a work-study apprenticeship program that will allow students to work in supervised employment in the morning and attend school and therapy in the afternoon;
- alliance with local business leaders who will receive training to enhance their willingness to employ handicapped youth; and,
- extensive coordination with other public and private youth-serving agencies, the business community and churches.

The new program will increase employability in a population of adolescents with histories of delinquency, institutionalization (in mental hospitals, jails and residential treatment programs), and chronic truancy. Such youth typically grow up to populate the unemployed, the incarcerated and the homeless. The grant will also fund a half-time job developer's position and two half-time research positions. The cost of the Transition Program is $400 per month per youngster. The annual budget for this project is $103,000.

INVOLVING FAMILIES

Work with parents, both foster and natural, is considered an important component of the program. Although family involvement is encouraged, it has often been difficult to involve families. Last year, the program ran a family group, but this year, the group has not gotten off the ground. However, the social workers stay in touch with families by telephone and often through home visits. City Lights has also launched a PTA which has sponsored two pot luck dinners that have been well-attended. It seems that if serious discussions take place in a social context, it is more palatable to parents tired of being blamed and criticized.

STAFFING AND PROGRAM ADMINISTRATION

City Lights currently has 13 full-time staff, three part-time staff and three psychiatric/psychological consultants. In addition, the program often operates with two social work interns and a teacher's aide. This staffing complement includes the administrative staff, which consists of the executive director, the principal of the school, the clinical director, an administrative assistant and a part-time fiscal officer. The clinical director also provides direct treatment services, in addition to her supervisory capacity. A vocational counselor from the District's Office of Vocational Rehabilitation (VRSA) provides services to the students at the City Lights' site. A full-time recreational therapist provides individual and group athletic activities as well as constructive use of leisure time.

In general, staff turnover at City Lights has been surprisingly low. Much of this is due to the close collaboration and support that must exist between staff members. Such support is especially critical with students who are used to manipulating people for their own gains. Each day the entire staff meets to review each student's progress and this contributes to the staff's cohesiveness. Staff members receive individual supervision and staff attend a bi-weekly process group led by a consultant (trained in the Bion technique) who assists staff members in uncovering the unspoken and unconscious feelings that inhibit cohesion. Racial issues have certainly been a focus of the process group, given the minority status of the student body and interracial staff.

City Lights has a 15 member, multi-racial board of trustees that advises on policy, program expansion, contracting problems, community relations, and the annual budget. Board members get involved in advocacy on behalf of the clients and also donate other services, such as research assistance, legal help and real estate consultation. Some board members have been actively involved in fund-raising activities for the program. The executive director hopes to add a board member from the business community in the future.

COMMUNITY LINKAGES

From the very beginning, even in the planning stages, City Lights' staff sought to develop linkages with local agencies and programs in the surrounding community. The program maintains strong linkages to black churches, which offer social, cultural and spiritual programs for students. Fragmented youth need comprehensive cohesive services, therefore, all "players" in a child's life must work in concert. City Lights has forged close links to these agencies and individuals. These linkages are especially important for these youth because emotionally disturbed adolescents so often suffer from feelings of isolation and loneliness. Therefore, City Lights takes an active involvement in the larger natural community -- exploring and mobilizing resources in the District with and for these youth. The program helps its urban population to discover positive, constructive elements in the Washington community.

The program also maintains close linkages with other agencies involved in the student's life. The social workers in the program provide a case management function maintaining contacts with the schools, child welfare agencies, community mental health providers and foster care agencies. Perhaps, the most frequent contact and strongest linkage is with the lawyers (public defenders) and parole officers that represent many of the students.

One of the most important linkages, established at the beginning of the program, was that with the Vocational Rehabilitation Services Administration (VRSA). As noted earlier, VRSA provides an in-kind service to City Lights by placing a staff person at the program for one-half day a week. This VRSA connection is considered to be very important for the student. A vocational assessment allows each student in City Lights to become a part of the VRSA caseload. When an employer hires through VRSA, the employer gets a 50 percent discount on his/her taxes, thereby serving as an incentive to provide some of these youth with jobs. Each student is assessed, individually, by the VRSA staff person. The student also receives work preparation - that is, skills in developing the proper work attitude, getting to work on time, dressing appropriately, etc. An effort is made to match each child with an appropriate job. The job provides the training. The VRSA counselor works very closely with the clinical director to assist youth with the development of work skills. However, the thought of leaving City Lights to receive another type of training is a very difficult transition for many of these students.

DISCHARGE PLANNING AND CONTINUITY OF CARE

Discharge planning is very important at City Lights. All students are reviewed after they have spent a year in the program. The staff reviews their progress and attempts to determine the next placement. Unfortunately, City Lights is often the only placement available for many of these students. However, some return to special classrooms in the public school or enter a job training program. The need for other services and programs is critical, if some level of continuity is to occur. Some City Lights students can graduate from the day program to the work-study transition program.

The hardest aspect of the discharge planning process is dealing with separation. Going through the separation process is often a difficult task for youth who have experienced repeated traumatic separations, removal from foster homes, expulsion from group homes and schools, and parents dying or being killed. Understandably, separation becomes an important and critical transition. A student is considered ready for discharge when individual goals have been met and certain behaviors occur, such as:

- attendance at regular school;
- stability in the home situation;

- improved behavior in school as measured by the Behavior Management Scale;
- improved reading and math scores as measured by CCP;
- improved self-esteem;
- community tenure (vs. return to jail, residential treatment or mental hospital).

FUNDING AND BUDGET

Over its three year history, City Lights funding has moved from the private to the public sector. In its initial year, the program was funded principally through private grants from foundations. In its second year, the program was dependent on private foundation for 50 percent of its funding and on the public sector for the other half. The program is now almost totally supported by public funds. Private foundation funding is solicited only for specific projects or purchases, but is no longer a major source of support. The majority of funding comes from annual contracts with CSS and MHSA, with a much smaller portion coming from the D.C. Public Schools. The funding from MHSA comes from the Dixon vs. Heckler consent decree that requires the District to provide community-based services for chronically mentally ill patients. Although most interpret the decree as pertaining only to adults, City Lights, with assistance from the Children's Defense Fund, was able to argue effectively that children be included in the class. Thus, it is, to date, the only children's program in the District to receive Dixon funds. In addition, City Lights undertakes fundraising efforts, with funding to be used for special projects. The present rate per youth is $1,040 per month.

For the year ended September 1984, City Lights received $444,502 in support and revenue. The operating expenses for the same period were $368,129. Approximately 75 percent of the expenses are for direct services; 25 percent of the expenses are incurred by administrative, fundraising and advocacy efforts. Unlike many programs, City Lights shows an excess of $76,000 in funds. This allows the program to have some flexibility in its spending and to have a positive cash flow. This fiscal "cushion" is an essential aspect of stable financial management. Should contractors be late in making their monthly payments, City Lights would still be able to meet its payroll.

City Lights has consistently gained substantial amounts of in-kind services and materials. In addition to social work and special interns, the staff is augmented by reading tutors, a part-time researcher, a psychiatrist and a vocational counselor who donate their services. A substantial number of the computers and computer software were donated as well. At present, the program has outside accountants that provide monthly reports on expenditures and employs a part-time fiscal manager who is currently transferring all accounts to a computer which will make it possible to do all the accounting in-house.

ADVOCACY

It was strong advocacy efforts on the part of the current executive director and the Children's Defense Fund that led to the development of City Lights, and advocacy is considered an essential component of the program. The executive director, clinical director, and principal spend a substantial portion of the time in advocating for individual students in the program or for the special needs of youth such as those at City Lights. At present, the executive director is involved in the psychoeducational working group for the reorganization of mental health services in the District to ensure that services for children are not neglected or given only secondary consideration. Since so many of the youth in the program have severe psychiatric problems, the executive director has been concerned about the lack of appropriate programs for intensive psychiatric hospitalization. As a result of this concern, City Lights and the Childrens Hospital National Medical Center are planning an off-site psychiatric rotation which would place a resident at City Lights one day a week for a year. Improving group homes, increasing the number of foster homes and finding private school scholarships for City Lights' graduates are just a few of the advocacy efforts currently in progress.

All staff at City Lights are provided time and support for advocacy work. The school principal, for example, evaluated the educational program at Saint Elizabeth's Hospital in response to a court order resulting from non-conformance with educational requirements. The clinical director states that advocacy for the youth, with other agencies and the courts, is an essential component of the work of the counseling staff. Teaching students to become effective advocates, on their own behalf, is also a major focus of counseling. Although the program has maintained a low profile in the Washington community, the time seems appropriate for increasing its visibility and presence. Members of the board and the staff are now working to plan a benefit that will highlight this program as well as the need for other services for the types of youth enrolled in City Lights.

RESEARCH/EVIDENCE OF EFFICACY

At the present time, the program has plans and funding for a formal in-house evaluation and a longitudinal research project. Under its U.S. Department of Education grant (see Special Programs), funds have been made available for evaluation research. Two part-time researchers and a research assistant will assess students' attitudes toward the program and collect demographic data--particularly information on the different residential placements and types of treatments the students have received. Educational and clinical assessments will be made every six months with post-testing after the time of separation from the program. There will also be follow-up assessment in the vocational area, examining jobs held, salaries and relationships with bosses. The questionnaire that has been developed includes items concerned with adjustment to school, adjustment to community, self-esteem, and the locus of control. The instrument will be used at the initial intake, and will also be used at six-month, twelve-month and 24-month intervals after discharge. The intent is to follow each student on an ongoing basis for five years. As part of the Department of Education grant, there will also be funds to set up a control group comprised of 30 District students with similar demographic profiles.

Until the program's effectiveness can be confirmed by statistical measures, more modest claims of success are stated. These include: the program's ability to keep emotionally disturbed chronic truants in school

(90 percent attendance); reading and math levels that have increased an average of 1.5 grade levels in each school year; and, stability within natural and foster families that has dramatically reduced additional institutional placements. Finally, only ten percent of the students at City Lights have been returned to hospitals or jails; students who dropped out of the program comprise an equally low seven percent. The program has had 15 graduates to date. These results are impressive given the fact that City Lights will take almost any referral, even when a youngster may have been recommended for residential placement. The limitations on admissions usually come from the department that is contracting for the services, not from City Lights.

PROGRAM NEEDS AND FUTURE PLANS

At the present time, City Lights could use another 1,000 square feet in physical space. However, there are no plans to relocate the program because use of the current space keeps the budget down. Even though many of the students would like to have a lunchroom facility, there are no plans to provide lunches at the facility. The staff believes it is therapeutic for students to go out for their lunches or plan to bring lunches from home since it fosters independence. The same issue applies to transportation. The students are expected to get to the program on their own rather than having some type of pick-up service.

As described earlier, City Lights has recently expanded its services and programs through the work-study transition program. Another programmatic need, identified by staff, is whether to extend services to students that are more psychiatrically fragile. Oftentimes, these youth could benefit from more intensive psychiatric interventions than the program currently offers. Such students would require additional services and/or a restructuring of the program that may change the therapeutic milieu. Ongoing discussions between staff, as well as between the executive director and other psychiatric agencies in the District are in progress. The dilemma is that there is really no alternative for these youth in the District if City Lights is closed to them.

GUIDANCE

When asked to identify the factors that seem to make the program work and important factors for others to consider, the staff emphasized the following factors:

- Careful advance planning is essential. Defining needs of youth in a particular community and building ties with existing systems are critical in starting such a program. The support of the powerbrokers in the city or state are needed. It is difficult to start a program and then try to garner support. Like most successful ventures, support for the project should be solicited at the beginning. In the District, for example, it was important to get the churches involved since they often have available space and contact with many of the families needing City Lights' services. Linkages foster the perception of a program serving as an additional resource to existing agencies rather than being viewed as a "threat" to them.

- It is important to have competent and committed staff with the ability to manage behavior. It is crucial that all staff, including secretarial support, are a part of the treatment team. Hence, it is critical to view education and therapy as a continuum and not as the special province of any one group of professionals. All staff need to be available all day long.

- It is important to give serious thought to the philosophy and goals of the program. It is important to acknowledge that traditional interventions will not always work with multi-problem youth and that there is a need to look to interventions that may be long and slow. The bonding process is critical. There is a need to increase, for many of these youths, a capacity for guilt. The staff must be able to get beneath the anger. The City Lights program has demonstrated that troubled black adolescents, who have learned to be distrustful, fearful, mean and sullen can learn to change, to trust, and to believe in their ability to succeed.

- The outcomes and goals for City Lights students and other such youth must be individualized. There must be attempts made to reduce the rate of incarceration or institutionalization and to develop independence. But goals must be based on the diagnosis and functioning level of the student. For schizophrenic youngsters, a sheltered apartment and sheltered workshop may be all that can be expected. For some, having a job is an appropriate outcome. For others, being maintained in the community and out of an institution is an appropriate goal. Still for others, passing a GED exam, may be a reasonable expectation. There cannot be uniform outcomes or goals for these youths. For each student, however, the individual treatment goals should be clear.

- Another goal of the program is to try to gradually mainstream kids. But this does not always happen, even though City Lights staff would like it to. Programs, such as City Lights, must be clear about whether they are seeking profound psychodynamic changes or whether the goal is maintenance of the youth in the community. Again, individual programming and realistic goal setting make it possible to enroll and serve youth who have failed everywhere else.

- The small size of the program is essential. The program does not have an institutional mentality and operates more as a family. This would not be possible if the program were larger, and the executive director feels that the therapeutic milieu would not be effective with more than 50 children. The small size fosters trust, a sense of community, and competency among the students.

- Special programs and activities are also important for youth who have low self-esteem. The social worker, who is also a professional skater, has played a very important role in helping these children become proficient at learning a skill. Some of these youth are so impoverished that they need these extra kinds of things, such as recreational field trips, educational field trips, the A-Team, and other positive aspects of learning to develop and reinforce feelings of self-esteem and social competency.

POYAMA LAND

460 Greenwood Road
Independence, Oregon 97351

OVERVIEW

Poyama Land is a private, non-profit day treatment center for severely emotionally disturbed children. "Poyama" denotes the three counties the agency serves (Polk, Yamhill and Marion). The facility is a remodeled country school building located in a rural area on an acre of wooded land. Poyama Land is located approximately seven miles from Salem (population 92,680), the third largest city in the state of Oregon. The facility is licensed to serve a maximum of 18 children, ages three through twelve, in its day treatment program. There is also a small outpatient program.

HISTORY OF THE PROGRAM

During the late 1960's, Oregon sought to determine whether it was necessary to open a state psychiatric hospital for children. The Edgefield Lodge Project located approximately 600 severely emotionally disturbed children in Oregon in need of services. Two studies, one by Dr. Eugene Taylor and another conducted by the state, the Greenleigh Report, determined that there was a need for a state psychiatric facility for children.

Two queries emerged as a result of the studies: (1) Was the creation and funding of a state psychiatric hospital for children fiscally sound? and (2) Was the placement of severely emotionally disturbed children in a state psychiatric facility philosophically appropriate? In response to these questions a decision was made to reduce the medical focus of treatment facilities for severely emotionally disturbed children and, instead, to develop a multi-disciplinary approach. Further, a decision was made to emphasize community ownership of the treatment facilities.

Accordingly, in 1972, Poyama Land and six other agencies were funded by the Child Study and Treatment Unit of the Oregon Department of Human Resources, Children's Services Division, to provide services to severely emotionally disturbed children. The six agencies, and others subsequently funded, are known collectively as the Day and Residential Treatment Services or DARTS programs. The state of Oregon currently funds 13 DARTS programs, which operate under a common set of program standards developed and monitored by the Oregon Mental Health Division.

Poyama Land began with strong local support. The original planning committee was composed of a store owner, a minister, an attorney, and representatives from local schools and child-serving agencies. When the first proposal to start a day treatment program in the tri-county area was disapproved by state agencies, the planning committee went directly to the state legislature to obtain approval. Community support for the program continues; board members are active in keeping legislators aware of the program and its needs, and participate in negotiations with funding and standard setting bodies.

The original program design did not include family involvement as a central feature of the child's treatment. This emphasis, which has evolved with time and experience, is currently maintained in spite of a funding structure that does not fully recognize or support this approach. A clear commitment and active advocacy by program staff and board members for a strong family emphasis is necessary to prevent erosion of this program component.

CLIENT POPULATION

Poyama Land is licensed to care for a maximum of 18 children ages three through twelve. By design, program enrollment has never exceeded 17 children. There are currently 15 funded slots available to children from the three county catchment area.

Eleven boys and four girls are presently enrolled in the program. All of the children are severely emotionally disturbed, according to both staff assessments, and within the guidelines of P.L. 94-142. Approximately 25 percent of the children in the program are classified as schizophrenic or psychotic. The average length of stay for these children is approximately two years. The other three-fourths of the children served by Poyama Land have a variety of behavioral disorders, and the average length of stay for this group is 18 months. Approximately 40 percent of the children also have learning disabilities, and staff estimate that between two-thirds and three-quarters of the children exhibit "soft neurological signs."

A shift from Children's Services Division to the public schools as a major source of referrals has resulted in a higher income service population. In the past, approximately one-third of the families at any given time were on welfare. Presently, only one or two of the families served receive public assistance.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The overall philosophy includes a commitment to be a community-based, multi-disciplinary program with an emphasis on the family as the unit of intervention. The broad overall goal is to assist the severely emotionally disturbed child to function as well as possible in a family and community setting. In practice, there is also a strong emphasis on improved family functioning and on the child's successful return to public school.

The cornerstone of the program is family involvement. As one parent explained, "The program is the family and the family is the program." The goal is to engage parents as partners in treatment and to enable parents to understand that their child's improvement is contingent, in part, on changes within the family. Accordingly, the agency will not accept a child unless the entire family is willing to participate in the program. In addition to the therapy groups and program activities in which families participate, family involvement is encouraged by annual Halloween parties, potluck Thanksgiving dinners, Christmas festivities and periodic reunions of Poyama Land families.

Poyama Land strives to view parents and children as both members of a family system and as individuals, each of whom has needs. The agency encourages the staff to jointly develop a specific treatment stance toward particular family units. Special attention is given to providing children and their families with individual, marital or other dyadic counseling, as well as family therapy.

Program staff also emphasize the importance of avoiding placing blame on parents for their child's emotional disturbance. The program design explicitly recognizes that this phenomenon may be exacerbated by a program structure that assigns responsibility for the treatment of the child and parents to separate staffs. Treatment coordinators (staff who have responsibility for the children during program hours) collaborate with family therapy staff in developing the family treatment plan and also serve as co-therapists in family sessions.

The treatment philosophy also includes a commitment to maintaining the child's contacts with the community of origin. This philosophy is implemented by maintaining enrollment in his/her local neighborhood or community school. Children enrolled in Poyama Land attend public school each Wednesday.

Although the formal educational program occupies a distinct place in the daily schedule, the operating program philosophy is that education should not be, and cannot be, separated from treatment. This "integrated" philosophy is implemented by: (1) carefully screening potential teachers for their therapeutic, as well as educational, skills, (2) systematic inclusion of the treatment coordinators in classroom activities, and (3) encouraging teachers to participate as primary or co-leaders of treatment groups.

THE PROGRAM

Intake Procedures

The majority of referrals to Poyama Land are made through the public school system. Referral sources also include Children's Services Division, public and private mental health facilities, and referrals by families who have received Poyama Land services.

The initial intake process (regardless of whether a space is available) is as follows:

1. A parent, physician, school or other referral source contacts Poyama Land by telephone and makes an inquiry.
2. The "Parent Handbook" is mailed to the family. The family must read the handbook prior to interviewing with the agency.
3. Poyama Land interviews the parents to determine their needs. The family is encouraged to tell their story and is questioned regarding their support groups, friends, frequency of change of residence, substance abuse, and physical, emotional and sexual child abuse. The parents tour the facility. If families have questions regarding the program which they do not feel comfortable asking of the staff, they are encouraged to meet with parents of children presently attending Poyama Land.
4. Either the agency director or the program director observes the child on the school playground and in the classroom.
5. The Achenbach Child Behavior Checklist is completed by teachers and counselors who have had contact with the child.
6. Psychological and psychiatric interviews are conducted if necessary (if such evaluations have not been done prior to referral).
7. A home visit may be conducted.
8. For purposes of observation only, and not for treatment, the child may attend Poyama Land for five days when a preliminary decision has been made to accept the child. On the first day, the child attends with the parent for one-half hour. The second day the child attends the full session with a parent. The child attends the next three days without his/her parents. During this five-day period parents meet with the child's treatment coordinator; meet with a family counselor; and, meet with the assistant director and treatment coordinator to review the five days and reach a tentative decision regarding the appropriateness of the agency for the child and family.
9. The agency director and program director make the final decision about whether to accept the child into the program.

For every available space, there are approximately 21 appropriate referrals. The agency strives to accept the most severely disturbed child whose parents will make a commitment to the program. Those children who are not accepted by the agency are referred to other services or to Poyama

Land's newly established outpatient program. Poyama Land assists in the development of new school plans for children denied entry into the program.

Parents are requested to make a two year commitment to the program. Parents must agree to attend weekly "Mom's Group" and "Dad's Group" meetings. Additionally, families must agree to participate in weekly individual, family or parenting counseling sessions. Family therapy is provided to all families enrolled in the program.

Following admission to the program, the teacher and treatment coordinator gather data on the child through observation and testing. During this time period, families must attend counseling sessions and Mom's and Dad's group meetings. Poyama Land staff may also conduct a home observation of the family.

At the conclusion of the 45-day period, a treatment plan with specific goals is prepared and discussed with the family. The treatment plan is reviewed (and revised, if necessary) every three months. Parents are provided with copies of the reassessment.

Educational Component

Upon acceptance into the program, each child is formally assessed and individual education plans (IEPs) are prepared. Formal re-evaluation of each plan occurs twice yearly. Parents and teacher consult formally once each year regarding the student's progress, educational plan and test scores, unless either party requests additional meetings.

Formal academic instruction focuses on reading, math and language arts. There are two classroom settings. The first is primarily a resource center with study carrells. The resource center classroom primarily serves the younger children and emphasizes highly individualized work. The second setting more closely resembles a traditional classroom and primarily serves the older children. The second classroom simulates the academic environment to which a child leaving the Poyama Land program will likely return.

When homework is assigned, the teachers contact the parents and inform them of this fact for a two-fold purpose: (1) to encourage parent participation in the Poyama Land program and (2) to insure that the homework is completed.

On Wednesdays, those children who have been placed in a recommended or neighborhood school setting attend school for all or part of the day. The purpose of the Wednesday placement is to assist the child in maintaining his/her ties to the community. Elementary school children may initially attend public school for only one hour a day and slowly increase the time spent in school as they experience more successes and rewards. As the time of termination from the program approaches, their public school attendance may ultimately increase to include other days of the week. Junior high school students are frequently sent to public school each day for only one period in order to maintain the continuity of classroom composition and teacher. Treatment coordinators are integrated into the educational process by their regular participation in classroom activities.

Clinical Services

In the daily program, each child enjoys significant amounts of time in individual interaction with his/her therapist. This individual time is not contingent upon the therapist's expectations of good or bad behavior. In addition to individual interaction between therapist and child, efforts are made to enhance the child's socialization skills through participation in play therapy groups, social interaction groups, feelings groups and through the Wednesday community school placements.

There are two core children's treatment groups in the agency. The children are grouped according to their developmental needs rather than their actual age. Two treatment coordinators are assigned to each core group. These two groups have regular morning and afternoon meetings. At present, the two core groups consist of one group of older boys and a second group composed of younger boys and all of the girls in the program.

All children are intermixed among one or more of the following groups which meet weekly:

1. Play therapy group: There are three play therapy groups (one boys' group and two girls' groups). Each child selects his or her own play activity. The play groups are supervised by the treatment coordinators. Teachers and other staff may choose to participate.
2. Social interaction group: The social interaction group is designed to develop leadership and peer skills. Each child takes a turn at being the group leader and may select the group's activities, etc.
3. Feelings group: As its name suggests, this group encourages its members to talk about themselves and their feelings.
4. Activities group: The activities group promotes arts and crafts, music, drama, field trips, cooking, etc.

As noted earlier, children are assigned to one of two classroom settings on the basis of their learning needs and educational level. Thus, the composition of the classroom groups is usually different from that of the core treatment groups.

The Daily Routine

Children are in attendance at Poyama Monday, Tuesday, Thursday and Friday. The children attend for 4½ hours daily, from 9:45 a.m. to 2:00 p.m. The daily schedule is as follows:

9:45 a.m.	Arrival
9:45 a.m. - 10:00 a.m.	Morning meetings. The two developmental groups meet with their respective treatment coordinators. They discuss that day's activities and any group issues which have arisen.
10:00 a.m. - 12:15 p.m.	School classes are conducted. Treatment coordinators participate in classroom activities by stopping in to listen to a child read or assist with classwork.
12:15 p.m. - 1:00 p.m.	Lunch and recess.

1:00 p.m.- 1:45 p.m.	Meeting of afternoon therapy group. On a given day, a girl's play group, social intervention group, feelings group or activity group may meet. The two teachers each participate in one group meeting each week.
1:45 p.m. - 2:00 p.m.	Afternoon closing meeting of the two developmental groups with their respective two treatment coordinators.
2:00 p.m.	Bus departs. Some children are on the bus for almost two hours each way.

Individual children may be removed from scheduled activities for sessions with their respective treatment coordinators.

SPECIAL PROGRAMS

• Outpatient Counseling Services

The outpatient counseling services office is located approximately seven miles away from the day treatment program in the City of Salem. Outpatient services are not limited to Poyama Land families. Clients must pay out of pocket or through their insurance benefits for outpatient services.

The recently developed outpatient component extends the services of Poyama Land, and offers several advantages to families and staff:

- It provides a way to serve children and families in need of treatment for whom there is not space in the Day Treatment Program. These services may be offered for an extended "pre-enrollment" period, or may function in lieu of day treatment services.
- After the child's graduation from the day treatment program, individual or family treatment services may be provided to children and their families.
- Poyama Land personnel can gain supervised clinical experience outside of the day treatment setting.

INVOLVING PARENTS

Much of the process for involving parents has been described in the "Program" section. Some aspects of parent involvement, however, deserve special emphasis. Interviews with two parents (one whose child has graduated from Poyama Land) revealed a high degree of enthusiasm for the program, and also a notable level of clarity about program goals and the philosophy of family involvement. The parents interviewed expressed the feeling that it was "their program" too, and each gave specific examples of how the program had promoted positive changes in their lives, as well as those of their children. They directly addressed the importance of helping parents understand that they are not to blame for their children's problems, and described the high degree of support that they felt was provided to them.

The parents' groups were identified as being a very important source of parent-to-parent support. The fathers' group is well attended and is currently meeting without a Poyama Land staff member, since the former staff leader resigned to take another job. The success of the fathers' group is notable, since it is often very difficult to obtain the involvement of fathers in such programs. While indicating that all parents might not feel as enthusiastic in such an unqualified way as they, these parents pointed to open communication with the staff and the expectation that they would be involved in many aspects of the program such as promoting problem-solving when misunderstandings or negative parent reactions arose. One parent described how the Poyama Land experience has prepared her to deal in a more knowledgeable and assertive way with the schools and to be an effective advocate for her child's needs. Both parents agreed that "everyone gets something from the program."

DISCHARGE PLANNING AND CONTINUITY OF CARE

When parents and staff agree that the time is approaching for the family's termination from the program, a termination date and transition plan are formulated. At least three months prior to the child's entry into the public school system, the treatment coordinator and Poyama Land teacher contact the school system and begin to make appropriate arrangements for the child's re-entry, in collaboration with the parents. The treatment coordinator and the child begin regularly discussing what permanent full-time placement in the public school system will be like. The child's teacher begins assigning more homework and extra responsibilities. The teacher increases his/her expectations of the child and encourages the child to anticipate what will be expected in the public school.

The agency remains actively involved with the parents and child for three months following the "good-bye day." The child may visit the agency on a scheduled basis and the parents may continue in parent groups and counseling sessions. A number of parents have chosen to continue participating in the Mom's and Dad's support groups long after their children have graduated from the program.

The termination and discharge planning process is designed to enhance parents' ability to make appropriate plans for their children and to negotiate effectively with the public schools to which most children return. Each of the public schools in the catchment area has designated a staff member to serve as liaison with Poyama Land. This arrangement facilitates the child's transition and helps to assure that appropriate educational plans and settings are in place for the child. Encouraging the child's attendance at public school one day a week throughout his or her enrollment in the day treatment program also serves two useful functions. First, transition back to school is easier for the child, since the child has really "never left". Treatment coordinators also often visit the child's public school classroom to explain the Poyama Land program, and answer questions or concerns classmates may have. This practice helps to offset the negative labeling, fears and misunderstandings that are often present when "special children" enter or return to school. The second important function served by the child's continuous enrollment in school is that it maintains an expectation on the part of the school personnel that a child who enters Poyama Land will return to the school as a full-time student.

COMMUNITY LINKAGES

In addition to the public schools, Poyama Land has also established on-going relationships with a number of community agencies, which both refer families to the program and provide services during and after the child's tenure in the program. For example, the Children's Services Division often provides services to families during and after the child's enrollment and is available for planning around such needs as temporary foster care or special medical or psychological evaluation services. The active efforts of program staff to make alternative plans for families and children who are not accepted into the program (often because of lack of program space) also helps to maintain good working relationships with the schools and other community agencies.

The program also receives the support and assistance of a variety of community groups who donate materials, labor and equipment to improve the physical plant and surrounding grounds. Community linkages were very important in beginning the program, and community ownership helps to assure continuing support and advocacy for the program.

THE STAFF

The 16 staff members serve in the following positions: agency director; program director; outpatient director; administrative assistant; four treatment coordinators; two teachers; three family therapists (one filling a full-time job and the other two each working part-time); two teacher aides/bus drivers; and a secretary. The agency director, program director, outpatient director, and family therapists are all M.S.W. social workers. The teachers are certified in special education, and the treatment coordinators are B.A. level staff. Two consultants, a child psychiatrist, and an M.S.W. social worker, who is a family specialist, meet regularly with staff to review treatment plans and progress. On the average, employees have approximately twelve years of experience working with severely emotionally disturbed children.

Parents and the line staff assist in the selection of new personnel. The agency director and the program director initially review application materials and select a small number of applicants for further consideration. These applicants each spend a day at Poyama Land working with the staff. A parent committee is formed through the Mom's and Dad's groups and, in addition to the staff, they interview the final candidates. The agency director and the program director make the ultimate hiring decisions. To date, no one has been hired over the objection of the parent committee or staff.

Collaboration among the staff is promoted by the absence of any emphasis on individual staff members' titles and degrees. Staff members perceive themselves as offering each other diverse areas of expertise.

The agency seeks to develop a level of professional commitment among their employees and to insure that they do not view themselves as glorified babysitters. The primacy of the treatment coordinator is reflected in the agency's recognition of the coordinator as the primary advocate for the individual child and his/her family both within Poyama Land and in the larger community.

The treatment planning and review process includes all staff who are involved with the family. The treatment coordinator assumes primary responsibility for preparation of the treatment plan and quarterly reviews, and presents this information to other staff and a consultant in a case conference. The case conference is also attended by a social worker from the state Children's Services Division, when indicated. Observations by the site reviewers, during a case conference, suggested that the staff operate with a high degree of respect for each other's skills and opinions, communicate in a direct, but supportive, manner, and keep a focus on the needs of the child and family during their deliberations. The use of a consultant ("outsider") appeared to serve as a very useful "reality anchor," particularly when dealing with difficult decisions such as whether to encourage temporary foster placement for a child when parents are coping very poorly, or confronting a family whose treatment progress is hampered by family disorganization.

Staff morale appears to be high; the staff are committed and invested in their work and their clients. One notable problem expressed by the director and several other staff members is that treatment coordinators become highly skilled, and assume a great deal of responsibility within the program. Yet there are few opportunities for advancement, either within the program or in other agencies, since treatment coordinators generally do not have advanced degrees. Neither is it possible to pay "professional" salaries to treatment coordinator staff, since the funding formula is based on "child care worker" pay levels, which are quite low. Thus, the "professionalization" of treatment staff creates a paradox; staff are not rewarded extrinsically as they increase their skills and accept more responsibility.

Employees, who do not have graduate degrees, are offered the opportunity to supervise clinical work outside of the agency setting at the outpatient clinic located in Salem. This opportunity serves to further enhance the clinical skills of staff and is also seen as a way to provide job variety. In addition to intensive on-the-job training, Poyama Land encourages and funds staff members' attendance at workshops and conferences. Employees enjoy five weeks of vacation annually.

In addition to the emphasis given to the skills and contributions of the treatment coordinators, support staff are also seen as having an important role in the program. For example, the administrative assistant to the director is often involved in treatment groups, or spends individual time with children in the program. The bus drivers also serve as aides in the program, and thus are particularly well-equipped to assure that the rather long bus ride to and from the program is properly structured and managed.

Many staff commented on the important role of the director in advocating for the resources and program flexibility needed to run a high quality program. The director was described as a "buffer" between program staff and the various demands and uncertainties emanating from the larger environment, especially from funding, standard-setting and regulating bodies.

PROGRAM ADMINISTRATION

Poyama Land's administrative structure is quite simple. The agency director directly supervises the program director and support personnel. The program director is responsible for all treatment and education staff. This arrangement supports the role of the director, described previously, as the "external advocate" and "buffer." Much of the agency director's effort is directed toward securing resources and support for the program, although he and the program director share responsibility for intake decisions.

The program has a strong and active governing board. During a meeting with board members, their enthusiasm and support was evident. Members of the board are quite involved in issues facing the program, are very clear about the role of the board vis-a-vis that of the director, and take an active role in discussions and negotiations with funding and regulating bodies, when appropriate. Some board members have social and/or business relationships with members of the state legislature, which they invoke around important issues involving the program.

FUNDING AND BUDGET

State and federal funds account for 92 percent of Poyama Land's budget. State Children's Services Division funds for the current fiscal year total $269,000. Special education funding sources include federal "Title I" money and state dollars. The federal "Title I" money funds two part-time aide positions and family therapy services. The state funds the educational components of the program. The remaining eight percent of the agency's funding is derived from private donations. The community has contributed playground equipment, a basketball court, fencing, carpeting, lawnmowers, a refrigerator, books and other items.

The funding structure is closely linked to some important program issues. First, the Children's Services Division, which provides most of the program monies, funds the program on a "per slot" basis, i.e., the program is paid a fixed amount per child enrolled. This funding arrangement does not take family involvement into account, and the director and board members indicated that "per family" reimbursement would more realistically reflect both philosophy and program effort. This point, which has been the subject of ongoing discussions between Poyama Land and the Children's Services Division, tends to re-emerge as an issue when cutbacks in state social service funds are encountered. Specifically, there has been pressure on the program to reduce family involvement and increase the number of children served or to reduce the level of programming to reduce per child costs. This phenomenon illustrates the difficulty of non-profit programs in maintaining program autonomy and integrity when they are heavily dependent on public funds, especially from one funding source.

Another funding/program issue encountered by the program is that although the school program is year-round, monies for the educational component of the program are based on a 175 school day base. Thus, the educational program is not fully supported by designated educational funds.

The overall impression of the site visitors is that maintaining adequate stable funding is an ongoing struggle for the program, but that this is a problem that the agency director and governing board address quite successfully.

ADVOCACY

There is a strong program emphasis on case advocacy, especially directed toward securing needed resources for children and their families. Treatment coordinators assume this role as a specific part of their job responsibilities.

The agency director and members of the board are also effective advocates for the program, and for the other day and residential treatment programs in the DARTS network. There is a formal association of DARTS programs to which directors and board members belong. This association is involved in advocating first for its member programs, and secondarily, for children's mental health needs in general.

RESEARCH/EVIDENCE OF EFFICACY

The program's effectiveness can be assessed in relation to its program goal of "assisting the severely emotionally disturbed child to function as well as possible in a family and community setting." One important indicator is whether children are able to return to and be maintained in a public school setting upon discharge and to live in the community. Since the program began twelve years ago, only four of the program's graduates are known to have been placed in institutional settings apart from their families and out of public school.

Another benchmark of effectiveness is related to the requirement that families must be involved in the program. Since 1972, only two children have been terminated from the program due to the parents' failure to meet the program's requirements for participation.

The director keeps a number of program statistics, and periodically conducts small outcome studies. In 1980, for example, each child's educational progress was measured, using a standardized educational instrument. This study revealed that on the average, children in the program had gained the equivalent of a full academic year during the previous calendar year.

Individual and family "success" stories were also shared with the site visitors. Many of these anecdotes involved not only treatment and educational progress of children, but gains made by families in areas such as communication, stability, and the ability to seek and manage the resources needed for the family as a whole, and for Poyama Land graduates in particular.

PROGRAM NEEDS AND FUTURE PLANS

A stable funding base, greater understanding and support from funding bodies of program philosophy and needs, and a general increase in the level of services for emotionally disturbed children and their families were identified as ongoing needs.

Expansion of the size of the Poyama Land day treatment program is not an aspiration. In fact, the agency director and board decided not to develop an adolescent day treatment component when that opportunity was presented. The program staff believe that 15 is an optimal program size, and would support new programs, rather than increasing their current capacity.

The newly initiated outpatient service represents a recent program expansion, which complements the day treatment program and does not compete for the same monies, since it is funded by parent fees and/or insurance.

GUIDANCE

Program staff and board members identified a number of "ingredients" which they believe contribute to overall program success:

- strong community support;
- a strong and active board;
- a competent director who provides leadership in terms of program philosophy and structure, and who also is adept at securing resources and negotiating political tangles;
- manageable program size;
- and, a highly skilled staff who are committed to the importance of family involvement and participation. Essential qualities of staff members include:
    - ability to work closely with other team members;
    - a shared "world view" and philosophy;
    - a high value placed on communication and collaboration;
    - a high level of professional commitment;
    - and, an interest in continuing professional growth.

Features of the program that promote continuity of care include:

- good working relationships with the public schools and district special education staff;
- strategies to ease the transition from day treatment to public school, such as having children maintain attendance in public school while enrolled in Poyama Land;

- the visits of treatment coordinators to public school classrooms;
- involvement of parents in planning and arranging the child's post-treatment placement in school;
- systematic preparation of children, both socially and academically, for full-time school attendance;
- and, the availability of ongoing treatment and support to children and families through the outpatient program.

Parent involvement is promoted through:

- setting clear expectations for parent involvement during the intake process;
- helping parents develop a sense of ownership and involvement by including them in treatment planning, interviews of new staff and orientation of new parents;
- avoiding placement of blame on parents for their child's emotional disturbance;
- emphasizing that changes for the child will mean changes for the family;
- and, providing necessary intervention and support to help families change and grow.

Maintenance of treatment gains is assured by helping families improve their overall functioning as a unit, and by helping parents anticipate and cope more effectively with the ongoing needs of their child. Of particular note is the gain reported by parents in becoming better advocates for their children through learning to deal more assertively and effectively with the public schools and other child-serving agencies with whom they may be involved.

Perhaps most importantly, all of the "ingredients" for program success mentioned above must be developed according to a clear philosophy and set of program goals which are shared and understood by the community, board members, staff, and families enrolled in the program.

RESIDENTIAL TREATMENT PROGRAMS

- ALPHA OMEGA
- CHILDREN'S VILLAGE, INC.
- LAD LAKE, INC.
- WHITAKER SCHOOL
- YOUTH RESIDENTIAL SERVICES

RESIDENTIAL TREATMENT PROGRAMS

The five residential treatment programs described in this monograph differ in many ways. Each represents a unique approach to the treatment of youth with serious emotional disorders in a structured environment. Alpha Omega, in Littleton, Massachusetts, is a 16-bed residential facility treating adolescents with a dual diagnosis of substance abuse and emotional disorders -- one of the few programs in the country treating such youth in a coordinated treatment environment. The program is highly structured, with a great emphasis on parental participation in the treatment process. In addition, the program focuses on the development of positive peer relationships, and peer support groups are instrumental in fostering such interactions. One of the strongest aspects of the Alpha Omega program is its well-developed aftercare and follow-up services for youth and their families for at least six months after discharge.

Located in Dobbs Ferry, New York, Children's Village has the distinction of being the largest program (300 youth) selected for inclusion in this document. However, the program has managed to turn its size into an asset. It provides a cozy, nurturant environment for children, but because of its size can also provide an array of services and programs that would not be cost-effective in smaller programs (such as its own infirmary, adoption services, extensive recreational activities, etc.). It is one of the few programs that focuses on latency age youth. The campus includes a separately-funded and operated education program on its grounds, which provides unique educational services for these youth. Children's Village has an extensive and sophisticated volunteer network, and thus has enlisted and developed an effective advocacy group for these youth. In addition, Children's Village represents a program that has been successful in obtaining grants and contributions from the private sector to develop new services and programs for its population. New programs include the W-A-Y (Work Appreciation for Youth) program, which provides several levels of work skills and training to youth at a younger age. In addition, private funding has provided resources for the development of the Family Center, which is currently operating a child abuse treatment program for parents and children. The program also has an extremely well-developed research component.

Lad Lake, Inc., in Dousman, Wisconsin, is a residential treatment facility for adolescent males. The program has strong community linkages and this has allowed for successful integration of needed services and maintenance of linkages with the boys' home communities. Lad Lake has a special staff liaison for the coordination of these activities. Lake Lake has also developed a comprehensive continuum of care that includes residential treatment, group homes, treatment foster homes and outpatient services. The continuum allows Lad Lake to meet the needs of individual youth in the most appropriate and flexible manner possible. The program provides an on-campus school that has a very strong job training and job placement component. The school also provides good recreational activities, including extramural competition with other high schools in the local area. The program uses a pre- and post-evaluation mechanism that allows for the ability to focus on the effectiveness of the program's interventions on behavior changes in the youth. Intensive family therapy and substantive aftercare services are also highlights of the program.

The Whitaker School demonstrates that a well-run state program for children and youth can be developed and implemented. In addition, the Whitaker School is located on the grounds of a state hospital, and yet has created a treatment milieu that minimizes the stigma often attached to such facilities. The ability to overcome this seemingly negative situation attests to the strength of the Whitaker School's program as well as the state's commitment to its seriously emotionally disturbed youth population (Willie M. class youth). One strength of the Whitaker School lies in its strong RE-Ed philosophy which emphasizes the total ecological environment of each individual child and specific goals to maximize the youth's potential to return to his/her home or community. Another unique aspect revolves around the fact that the Whitaker School has no control over admissions (regional boards make such decision) and thus has a no-reject policy. One of the critical elements of the Whitaker School program is a cadre of liaison/teachers whose specific functions are to maintain contact with the youth's local community to develop a plan and facilitate the youth's return to the community as soon as possible.

Youth Residential Services (YRS) offers community-based residential treatment, for both latency age and adolescent youth, and a special parent therapist program. To date YRS has had a successful experience with its parent therapist program, which provides an alternative to foster care and traditional residential treatment programs. Parent therapists provide youth with a "normal" experience of living with a family, attending a local school and participating in community activities. YRS has also adopted unique and special ways for supporting the families who serve as parent therapists. YRS' residential treatment centers also strive to provide a normal experience for youth. Youth attend local schools, yet there is a regular liaison with each center. In YRS, natural families are an integral part of the treatment process as well, since YRS' philosophy is that any changes learned by the child in placement must be transferable to the youth's home and community. Families are involved in counseling and parenting skills courses and have close contact with parent therapists and residential treatment staff. YRS also offers aftercare treatment to both youth and their families after discharge.

ALPHA OMEGA

544 Newtowne Road
Littleton, Massachusetts 01460

OVERVIEW

Alpha Omega is a sixteen-bed group home facility serving adolescent boys between the ages of 14 and 18 years. The group home is located in a rustic setting in Littleton, Massachusetts. The house is open and comfortable and very much resembles any family setting. Downstairs is a living room area, dining room and kitchen. In addition, the director's office and apartment is located on this floor. The living room and dining room have floor to ceiling windows that extend the length of one wall and reveal a breathtaking view of the lake that runs in back of the house. There is also a screened porch on the side of the house. Upstairs contains the boys' bedrooms--two rooms of four and a larger "dorm" unit with eight beds--as well as classrooms and staff offices. The program is designed for adolescents who have mental health and substance abuse problems. It is one of six programs established under the rubric of Adult/Adolescent Counseling, Inc. of Malden, Massachusetts, and is licensed by the Massachusetts Office for Children.

HISTORY OF PROGRAM

Adult/Adolescent Counseling, Inc. began as a freestanding mental health clinic. In 1969, the program offered the first drug abuse program in the Malden area. Over the years, the private nonprofit corporation has expanded to include programs for battered women and battered children, as well as clinics for alcohol abuse and drunk driving offenders. The first group home for adolescent drug abusers was established in Malden. It was a "crash pad" that became a community residence; the mixture of short-term, crisis residents and longer-term residents created many problems. In 1973, Life Resources, Inc., a nonprofit corporation affiliated with the Archdiocese of Boston, purchased the home in Littleton and leased it to Adult/Adolescent Counseling, Inc. as a residential facility for substance abusing adolescents. The program, called Alpha Omega, has developed an excellent reputation for its work with these adolescents and their families over the past twelve years.

CLIENT POPULATION

The clients at Alpha Omega come from all over Massachusetts; however, the majority are from the greater Boston or greater Worcester area. Most of these youth have experienced at least one or two prior placements at other facilities. All of the clients at Alpha Omega have a substance abuse problem. In addition to dependency on heroin, marijuana and/or alcohol, all these youngsters have psychological problems. Major diagnoses include disorders of impulse control, adjustment disorders and conduct disorders. Jack Sarmanian, the executive director of Adult/Adolescent Counseling, Inc., has identified four major personality types of substance abusing adolescents:*

(1) the delinquent acting out deviant type: a character disordered adolescent usually in middle to late adolescence with an extensive history of acting out, school dysfunction, family discord and high frequency of arrests, court appearances, etc. He/she tends to be hostile and almost rigid in response; in the bright normal range yet resistant, distrusting, suspicious and, on occasion, highly volatile with patterns of aggression and flightiness. Criminal offenses run the gamut of petty larceny to more severe crimes against persons, robbery, assault and battery, etc.

(2) the passive-aggressive dependent type - inadequate personality range: this person tends to reflect very immature, dependent personality needs being, usually, young in age. Behavior shows immaturity, poor decision-making and extremely demanding mannerisms. Drug use tends to be varied, usually defined initially as experimental with strong reliance on marijuana, depressants/ barbiturates, tranquilizers, amphetamines and alcohol. This adolescent is easily led, goal limited, seeks immediate gratification and reflects poor academic performance.

(3) the borderline personality: this group reflects adolescents who are in mid and late adolescence exhibiting fluctuations of

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*These descriptions are based on a paper by Jack Sarmanian entitled, "An Integrated Approach in Dealing with the Adolescent Substance Abuser: A Mandated Treatment Perspective Between Criminal Justice and Rehabilitation Systems."

behavior patterns (often bizarre) and who at times experience a loss of reality, anxiety reactions, feelings of being inadequate and worthless. There are marked problems in heterosexual adjustment and sex-role confusion. Drug use is random gratification seeking and problem solving responses in what appears to be a self-medicated process. Criminality or acting-out patterns are random with little forethought or design. On occasion, this person exhibits severe character neurosis, moderate to marked cyclothymic character, schizoid and paranoid ideation which require extensive treatment with possible consideration for long-term treatment, possible residential care or even hospitalization.

(4) the suicidal/depressive group: this is a more limited population usually in late adolescence and early adulthood. There exists an apparent "burnout" syndrome; i.e. a depleted, isolated, detached, schizoid, deprived personality with few internal resources or strengths. There usually exists an extensive history of use of depressants, tranquilizers and hallucinogenic drugs. These youth are highly withdrawn, isolated from family, with poorly integrated concept of self and significant others. Overt appearance reflects dysfunction and/or borderline, potentially psychotic or suicidal states.

All four types are often found in residence at Alpha Omega.

Alpha Omega can accommodate 16 youth with the predominant group being in the 14-16 years old bracket. Staff indicate that they are seeing younger adolescent boys who have more serious psychiatric problems. In addition, the drug of choice has changed; there are fewer users of hard drugs and more alcohol and marijuana. Many of these adolescent males have confused sexual identities, poor self-images, low self-esteem and low levels of achievement. The dominant emotion among the youth is rage, and there is a distorted view of living based on an inability to trust or accept intimacy. Many of these youth feel deprived, but usually blame themselves rather than their parents. At the time of the site visit, there was one minority youngster enrolled in the program.

There are some youngsters that are not considered eligible for admission to the program. These include:

- those who are on some type of mood-altering substance -- the program will take those on anti-depressants, but for the most part, the youngster must be medication free upon admission;

- those who are multiply handicapped -- there are no ramps and the house is not structurally built to accommodate those who are not ambulatory;
- those who are mentally retarded -- much of the program depends on a certain level of cognitive understanding;
- those who have committed serious criminal offenses such as rape, child molestation or murder;
- and, those who are actively psychotic or actively suicidal.

Most of the referrals to the program come from the Massachusetts Department of Youth Services (DYS) and the Department of Social Services (DSS). At the present time, the program is not licensed as a Department of Mental Health (DMH) facility. In many cases, treatment is mandated for these youth.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

Given the mandated treatment sentence that many of the Alpha Omega youth are under, the philosophy, goals and treatment approach are very important. Under these circumstances, the emphasis is on developing an integrated approach between the criminal justice and rehabilitation systems for providing treatment services to adolescent substance abusers. The burden of treating the adolescent is enhanced by creating a dual system, which utilizes supportive structures, team approach and mandated mechanisms to actively engage and involve the adolescent in his/her treatment process as a condition for remaining in the community. This becomes one of the primary tasks that is conveyed to the adolescent, demanding that they assume the burden of change or be vulnerable to the consequences that are defined by the criminal justice system. Treatment is geared towards working through their developmental struggles, relinquishing of drug usage and negative acting-out syndromes while teaching them responsible and appropriate day-to-day behavior.

Alpha Omega's goal is to provide a well-defined residential milieu that provides a consistent and nurturant environment. An individualized treatment plan is developed for each youngster and family involvement is demanded. The treatment approach is predicated on multi-family therapy, development of strong peer group relationships and connections with community resources. In addition, the program incorporates some of the more successful approaches associated with drug abuse treatment, which includes dealing with affect, attention to developmental history, gestalt therapy techniques, sensitivity groups, T-groups, value clarification and self-esteem building. At Alpha Omega, the adolescent is exposed to positive role models and values through the staff. One of the major tasks of the staff is to assure the "safety" of the environment. In addition to a complete program of clinical services, Alpha Omega offers recreational, social, educational, and vocational services designed to reintegrate its youthful client into a home and community environment.

The primary goal of the Alpha Omega program, therefore, is to return the youth to society, living a helpful and positive life. Specific goals are dependent on the youth, but may include mainstreaming back into a regular community school; developing vocational skills for obtaining employment; learning to live in his family or independently in the community; maintaining a drug-free life style; development of greater self-esteem; or the development of good communication and socialization skills. The program has been relatively successful in helping youngsters achieve these and other goals.

THE PROGRAM

Intake Procedures

As noted earlier, most of the youth are referred from DYS or DSS. The state caseworker refers the adolescent to Alpha Omega. The director of Alpha Omega requests all information about the youth including family history, court involvements, physical exams, educational history and any psychiatric history or psychological work-ups. Then, an interview is scheduled with the director and the assistant director for family services. The state case worker, the adolescent and his family are asked to come to Alpha Omega for the first interview, which usually lasts from three to five hours. The adolescent is first interviewed with his family; then the social worker/case worker is seen; then the adolescent alone; then the parents alone; and finally everyone meets together. The interviews are used to determine the appropriateness of the youngster for Alpha Omega. Questions that elicit information about the accessibility of feelings, the youth's motivation and educational level are important components. Staff feel that the adolescent must have a goal that is beyond the residence -- i.e. the adolescent must be motivated to do something else with his life. If an adolescent is accepted into the program, he and his family are given information about Alpha Omega and its rules and regulations. An admission date is established and the youth is given an opportunity to come into the program. If treatment is refused, the DSS or DYS worker will have to seek other resources because the youth must agree to "try" Alpha Omega before he will be granted admission. Sometimes the program does not think the youth is appropriate. However, less than 20 percent of youth are turned away from the program. This is due to the fact, staff believe, that DYS and DSS workers have a good understanding of the program and the kind of youth that are appropriate.

Program Phases

Alpha Omega is a highly structured program and is divided into phases to focus on the work that needs to be accomplished in any point in a person's growth. Each phase has a purpose, main tasks, and limits that define it. Approximations of how long the phase should last are also provided; with the exception of orientation and aftercare, these phases will vary from youth to youth. At first the program was promulgated around an average length of stay of nine months. However, the actual ALOS for the program, at the present time, is 18 months, with a minimum stay of one year. The director feels that the increase in length of stay reflects greater pathology among youth and their families. A brief description of each phase is provided below:

- Orientation: This part of the program lasts approximately 30 days and its purpose is to allow a youngster to learn what Alpha Omega is all about and to decide whether or not to make a personal commitment. It also gives Alpha Omega staff a chance to determine the appropriateness of the individual for the program. The youth is exposed to the cardinal rules of the program, i.e.

no violence or threats of violence; no drugs or alcohol; no sexual acting out; and, no stealing. He is acquainted with the important ideas and values of the program and interacts with staff and fellow residents. During this period, the youth is not allowed to leave the house without a staff member and his visits are restricted to members of his immediate family. At the end of 30 days, the youth can make a commitment or leave. During orientation, if a resident has shown oppositional behavior and is not invested in making a commitment to change, a meeting is scheduled with the state caseworker and the director. During this meeting the youth's placement is re-examined and a determination is made whether the youth will remain or seek alternative placement. If a commitment is made, he progresses to the next stage; if he wishes to leave, his DSS/DYS worker is called to pick him up. Since the Alpha Omega house isn't locked, many youth can "run." Oftentimes, running occurs in this stage. About ten to twelve percent run or are removed from the program during this stage.

- Phase I: Self/Community: This phase usually covers the first four to five months and the purpose is to learn more about oneself and about Alpha Omega. The tasks of this phase include getting in touch and dealing with one's own feelings, thoughts and values; learning to take responsibility for one's own actions, past and present; learning to show care and respect for self, others and property; and, accepting the rules, limits and values of the Alpha Omega community. During this phase, a resident may have his parents visit on Sunday afternoons for two hours and, with permission, may go outside of the house accompanied by an advanced phase resident. Under no condition, however, is a resident to go home or return to his house or neighborhood, during this period.

- Phase II: Relationships/Membership: According to the adolescents at Alpha Omega, Phase II. is the most difficult. This is, perhaps, the longest stage, lasting anywhere from six to nine months. During this period, the adolescent starts working with his family in a therapy group; he begins to go out with his family more often and even has home visits; and, he starts providing guidance to younger phase members and receiving advice from older phase members. The primary objective is to gain increasing understanding of oneself and relationships to others, particularly the family. The main tasks include risking and trusting by sharing and being honest with others about oneself and active participation in all of Alpha Omega's activities. Phase II. residents may accompany Phase I. residents outside the house on the property with permission and are granted permission to make home visits. The main goals of home visits are re-integration into the family and opening communication about family values and sharing.

- Phase III: Application and Re-entry: In Phase III., the youngster begins the separation process with Alpha Omega staff and fellow residents, and must begin looking outside the residence to a new existence in his community. The counselors help the youngster deal with separation issues and special separation groups are scheduled. The site visitors were able to observe a separation group session, and it was an extremely touching and warming experience. The main purpose of this phase is for the adolescent to demonstrate a level of growth worthy of re-entry into the family and the home community. The youngster spends increasingly more time at home, with more control of direction, goals and choices. This phase lasts anywhere from one to two months.

- Aftercare: The aftercare component of the program was designed by the director of Alpha Omega who approached the Division of Youth Services and requested it as a contracted service. In addition, residents who were separating felt a need to continue to have support from Alpha Omega staff in the first transitional months in their home communities or new environments. Aftercare is offered for a period of three to six months following discharge and its purpose is to complete the transition to fully responsible adolescence in the community. A special aftercare group is available to the adolescent and the family group also continues to meet. In addition, the youngster works with his aftercare coordinator concerning such things as obtaining a job, re-entering home or another school, G.E.D. testing, additional therapy, etc. The aftercare component seems to be an important element in the ability of these adolescents to separate from a program that has grown to be, perhaps, their most positive and rewarding experience in life up to that point. Staff note that the bulk of the work takes place at this time.

Residential Component

As mentioned earlier, the Alpha Omega house approximates a normal family environment. The resident's sleeping quarters consist of two rooms with four beds each and "dorm" with eight beds. There are no private rooms or secure locked rooms. The program philosophy addresses the fact that these youngsters often have social skills that are poor to minimal and a part of the milieu is to learn to interact with others in a positive sense. If an adolescent really needs private time, space can be arranged. The boys are assigned to rooms, usually based on age, but room assignments are changed every three months. The "blue" bedroom is a particular favorite and boys feel quite privileged when they become occupants there.

Another philosophical tenet of Alpha Omega is that all residents have to feel some responsibility for maintaining the environment. Thus, there is no maintenance staff and all the household chores, including meal preparation, are done by the adolescents in residence. The assignment of chores helps prepare the youth to be more independent but also reinforces the ability to work in a group and develop a sense of commitment and trust. Every adolescent has a job assignment, which may include meal preparation, kitchen duty, bathroom duty, yard work, etc. Job assignments shift every two or three months. The residents in charge of meal preparation work with the assistant director to develop well-balanced nutritious menus while also preparing foods that most of the residents like. The site visitors shared the noon meal with the residents and it was quite good. The kitchen team also displayed great organization in cleaning up the kitchen and dining area after the meal.

Residents in the program are not allowed to smoke cigarettes in the house, but they are allowed to have cigarette breaks on the side porch at certain intervals during the day. These side porch "smokes" have become a very important element in cementing peer relationships among the boys. They are viewed as moments of relaxation in an otherwise structured environment. There are three permanent counselors in the residence during the day and they rotate for night and weekend duty, along with the supervisory counselor and the director, who share in coverage assignments.

Educational Component

Alpha Omega provides a full educational curriculum for its residents and the educational program is licensed and approved under Massachusetts Chapter 766. Educational costs of the program are included in Alpha Omega's daily rate established by the Massachusetts Rate Setting Commission. As an accredited 766 (special education) program, the facility is eligible to receive 766 funds from local school districts. The educational costs are often cost-shared by contractual arrangement between the sponsoring state agency and local school district.

The adolescents are tested for their educational level upon entering the program. Math and English classes are individualized. The educational curriculum includes all the courses necessary to keep up with students in regular classrooms. A variety of courses are offered by the three full-time teachers on staff including literature, math, grammar, history, current events, social studies, science and vocational activities. There are usually no more than five students in any class. In addition to these classes, physical education is offered through Littleton High School and a volunteer comes to the program on several evenings and weekends to teach a computer science course. The residents are given homework on a fairly regular basis and there are individual tutorials and formal study hours incorporated into the educational component. The teachers who work in the program, and are available from 9:00 a.m. to 5:00 p.m. each weekday, feel that a surprisingly school-like classroom environment is created. The school is divided into quarters and residents receive grades just as in regular school.

The program employs three full-time master-level teachers, with speciality part-time teachers. The assistant director functions as the educational coordinator. The basic philosophy of the educators is to get an accurate indication of where these students are, to start where they are, and help them develop and grow. The residents are treated with respect for their intelligence and the teaching style and format is flexible so that the particular learning styles of the residents are enhanced. The ultimate goal of the educational program is to provide the residents with a positive educational experience and to develop skills so that they can return to a regular classroom setting without serious educational deficits. At the present time, the residents are working on reestablishing a school newspaper -- "Inside Alpha Omega". There is also a long-range project involving the development of a slide tape show.

One of the staff members, the assistant director, is responsible for maintaining liaison with the schools in the communities from which Alpha Omega residents come. As the educational coordinator, she works with local school districts from the outset. While the youth is in orientation, arrangements are initiated for educational and diagnostic testing and development of an "Individual Education Plan". The school is kept aware of monthly progress through reports, transcripts, and credit evaluations. At each Utilization Plan Review (3 month services review), the school is invited to participate and educational goals are reassessed in accordance with the overall treatment plan. Prior to the resident's discharge, his educational needs are defined and either he is transitioned back to public schooling (mainstream or special education), or scheduled for G.E.D. testing or vocational programming (all in concert with the state agency, school and parents).

Many of these residents initially have trouble adjusting to school -- it is associated with problems and failures -- and negative attitudes abound. Every resident must attend all his classes; if he cannot attend or acts out in the classroom, he receives a warning. If disruptive behavior continues the resident may be sent to talk to his counselor and/or the behavior may be discussed in the peer group meeting held each day. The teachers work very closely with the counselors to determine the disciplinary actions that might be taken. The teachers also read the daily logs kept by the counselors to see what is going on in other areas of the resident's life at that point. The teachers are also free to attend the group meetings if it is felt that they should participate around a particular issue.

Clinical Services

The counselors perform a very important function at Alpha Omega. When a boy is admitted to the program, he is matched with a counselor. The counselors are available for individual sessions and run the daily group meetings. The groups are used for discussions about past behavior, family life, relationships with others, daily routine or problems in the Alpha Omega residence, difficulties in school, or any other issue that a youngster may want to bring up. Oftentimes there are sexuality issues that become more intensified because there are no girls in the program, and except for staff, the adolescents do not interact with females on a daily basis. One counselor said that many of the boys have very negative images and feelings about females. The counselors are also available for informal talks since they rotate on nights and weekends, having extensive contact with the boys at many junctures in their lives. The counselors also participate in extracurricular activities with the boys. Each of the counselors has a caseload of four to six students and also provides individual and group sessions for those residents who are in the aftercare phase of the program.

The counselors seek to help these youth build self-esteem and to develop more positive relationships with staff and their peers. The counselors also make home visits or accompany the boys on activities in their communities. The nature of the group sessions have changed from confrontative encounters to more supportive and therapeutic encounters. As noted earlier, the counselors share information about the residents with the teachers through the daily log and staff meetings. Each resident's progress is reviewed by the staff every six weeks.

Behavior Management/Discipline

Many of the residents of Alpha Omega are under court mandates for treatment. Despite the mandates, Alpha Omega operates as an open facility. There is nothing to keep the residents from leaving the facility. However, the staff stresses the importance of a "safe" environment, for the residents and the staff. One of the key rules is that violence or the threat of violence can lead to automatic expulsion from the program. If someone is a threat to himself or others, staff will not hesitate to have the resident removed by the Littleton police. Similarly, if a resident elects to "run" from the facility, staff will alert the Littleton police. Some residents that run are given another chance if there are no other complicating factors. However, most of those that run are returned to DYS or DSS for alternate placement. As noted earlier, youth tend to run in the first thirty days more than at any other time in the program. For minor behavioral problems, boys are counseled and may lose some privilege for a period of time. The adolescent may also be isolated from other members of the group. However, such behavioral problems are almost always discussed in subsequent group sessions.

The Daily Routine

The typical day begins with morning chores at Alpha Omega. After breakfast, at approximately 9:00 a.m., classes begin. The residents are in class until noon, and then lunch is served. After lunch, those on kitchen duty clean up; other residents use the time to smoke on the side porch. At 1:00 p.m., the group session begins and every resident is expected to attend. The group meetings run for two hours daily and are often extended for critical issues. After the group session, more classes are held until 4:30 p.m. Dinner is prepared and served from 5:30 - 6:30 p.m. The period between the last class and dinner is essentially "free time" and may be used to study, look at television, play a game or relax in some other way. The activities after dinner depend on the day of the week. The schedule is as follows:

Monday:	6:30 - 8:00 p.m.	Gym at Littleton High School
	8:00 - 9:00 p.m.	Evening study hall
	9:00 - 10:00 p.m.	Leisure time
	10:00 p.m.	Bedtime
Tuesday and Wednesday:	7:00 - 9:00 p.m.	Multiple family therapy
	8:00 - 9:00 p.m.	Evening study hall
	9:00 - 10:00 p.m.	Leisure time
	10:00 p.m.	Bedtime
Thursday:	7:00 - 9:00 p.m.	Aftercare group
	7:00 - 10:00 p.m.	Family visits
	8:00 - 9:00 p.m.	Evening study hall
	9:00 - 10:00 p.m.	Leisure time
	10:00 p.m.	Bedtime
Friday:	6:30 - 12:00 midnight	Leisure time

On Saturdays, there may be some type of athletics or a planned field trip. Activities may include swimming, cross-country skiing, iceskating on the lake, canoeing, basketball, football, etc. There is no school work on the weekend, except for the special computer course taught by a local volunteer. On Sundays, there is a non-sectarian church service and visits from families. Those in Phase III. of the program are often away on weekends visiting their families.

INVOLVING FAMILIES

The involvement of families is a critical component of the Alpha Omega program. From the very beginning -- the initial interview -- families are asked to participate in their son's treatment. This may include the natural family, foster parents, or an uncle, grandmother, sister or brother with whom the adolescent may live after his discharge from the program. Sometimes the aftercare disposition may be an independent placement, living away from the family. However, even in these cases, boys must often confront their relationships with parents, so the involvement of parents is still requested. A major criticism of most programs is that they often deal with the adolescent on site, but do not work on the contributing factors -- principally, the home environment. The adolescent is often returned to the same environment and never works through it. Alpha Omega works both with the youngster and with the environment and persons in the environment .

The director noted that most parents are apprehensive about becoming involved initially. Their attitude is one of "show me what you've got." They are extremely ambivalent and have low expectations of achievement. Oftentimes, these parents have been involved with workers in previous programs in which their sons were placed. The director tells the parents that they "are not to come for your son, but for yourself." He explains that they may need help dealing with a youngster who engenders so much rage, frustration and guilt. He stresses the importance of learning how to deal with their own feelings. The purpose of parental involvement is not to blame or judge them, but to engage them in a process that benefits all members of the family. Parents are often told, "you don't have to deal with _it_, but _it_ will deal with you."

Initially, the assistant director for family services and the director work predominantly with the parent(s) that the youngster will live with upon discharge, although both parents are always involved in the initial interview. Many of the youngsters come from single parent families. Families meet in a family group weekly. These groups include no more than seven families. Individual family therapy and couples therapy are also available, as well as home visits. Families are also encouraged to visit on Thursday evenings and Sunday afternoons. Families continue to be involved through the aftercare component of the program. Each summer, the program holds a Family Day in which all family members, including siblings, are invited to the Alpha Omega house for a day of picnics, games and other activities.

STAFF

Staffing at Alpha Omega is extremely important. Presently, staff includes the director, the assistant director (administration and education), assistant director for family services, supervisory counselor, three full-time counselors, three teachers, program secretary, one part-time group worker and consulting staff. In addition, a number of consultants are also used to perform specific services. Ongoing consultants include a psychiatrist, a physician, two psychologists, an activity therapist, a family therapist, and a lawyer. Further, several volunteers are involved in some aspect of the program. The current director has been associated with Adult/Adolescent Counseling for over ten years. At one point he was a counselor. He left and came back two years ago to assume the director's position. At present, full-time staff includes six males and four females.

There had been relatively low turnover at Alpha Omega until this year. The average tenure of staff had been eight years; however, this year a new counselor and teacher were recruited. In recruiting staff, the director states that it is important that they be knowledgeable, but that is not as important as certain personal characteristics that staff should have. These characteristics include an ability to risk; a sense of comfort and security within oneself; a belief in order; the ability to be open with adolescents and to express feelings. The staff member must respect him/herself and understand that his/her job is not to protect youth but to "enhance" youth. At Alpha Omega, staff must be extremely flexible and yet must help establish an environment for the youth that is consistent and offers positive role models. According to a counselor, the staff member must also be able to empathize with and understand the pain and sadness that is often underneath the tough facade of many of these youth. It is important to convey sincerity and caring.

Staff receive extensive supervision, both on an individual and group basis. There are also in-service training programs, both in-house and through many of the courses and workshops offered by the universities or professional organizations in the state. Differentiations between staff are minimized, and all are viewed as an important part of the treatment milieu. All staff meet as a group once a week and full case reviews on each youth are scheduled at three month intervals. Discharge planning for youngsters include staff involved with the youngsters, the residents and their families, DSS/DYS caseworkers, probation officers and others who may be intimately involved with the residents.

The one problem with recruiting and retaining staff, especially line staff such as counselors, is the low pay and the lack of career mobility. Alpha Omega constantly struggles with solutions to these problems. In addition, the teachers in the program also work long hours per day and during the summer months -- unlike teachers employed in the regular school system. There are other benefits derived from teaching in the program, but working period or pay are not among them. Despite these serious difficulties, however, Alpha Omega has managed to acquire and, for the most part, maintain a very dedicated and committed staff.

DISCHARGE PLANNING AND CONTINUITY OF CARE

Much has already been written about discharge planning at Alpha Omega. After discharge from the program, adolescents and their families are followed in aftercare for three to six months to ensure a successful transition back to the community. When discharge planning begins, an evaluation of the resident's progress and continuing needs are used to determine appropriate referrals and dispositions. Program staff work closely with families, school personnel, or employers to assist in a smooth transition to the community. In those cases where the adolescent will live with a foster parent or in a more independent living environment, these persons and resources are included in the planning for discharge.

COMMUNITY LINKAGES

From the outset, Alpha Omega stresses the importance of maintaining as many linkages as possible with the resident's community. Some of this is accomplished through work with families and, as mentioned earlier, the assistant director (administration and education) functions as a liaison to the local school districts that are responsible for the educational component of the youth's tenure at Alpha Omega.

Another method for maintaining linkages with the referral agencies is an Alpha Omega stipulation that a referral from DSS/DYS must include full follow-up. This means that the DSS/DYS caseworker cannot bring the youth to Alpha Omega and just "drop him off." Instead, the worker is involved in the initial interview and is required to come out to the house to visit and monitor the progress of the youth once a month. The worker talks separately with the youth and with his counselor. The same stipulations apply to probation officers. Thus, the youngster remains a "real person" to the referring agency and not just a "paper case." Since the state caseworkers are very much aware of these youth, they can often be very helpful in discharge planning and aftercare disposition meetings.

The Alpha Omega house is not located in a highly isolated area and looks no different from any other large house in the Littleton neighborhood in which it is located. The program maintains close community linkages. First, the program employs a number of staff who live in the area. The clerical staff and some of the teachers and counselors reside in the area. The program has also held a number of open houses so that community people can visit the facility and meet the staff and boys. This has been very successful in allaying fears and debunking myths. It has also led to a number of townspeople volunteering in the program. As mentioned earlier, a local man teaches computer science and other volunteers have offered other services.

Alpha Omega also makes use of community facilities and resources, thus "normalizing" the program for the youth and for the community. The program has a bus, and the boys travel to Littleton High School once a week for gym and shop. These courses are taught by Littleton High School teachers. The residents also schedule field trips in the community and patronize local movie theaters, restaurants and other businesses -- especially when their families visit. Nashoba and Emerson Hospitals, local facilities, provide medical and emergency psychiatric care for youth at Alpha Omega.

When an adolescent runs from the program, neighbors often assist in searches. One of the incidents that most strongly illustrates the program's linkage with the community occurred a couple of years ago when the kitchen in the house caught on fire. Littleton neighbors came, bringing food and offering shelter to the youth and staff of the program. Strong linkages with both the referring agencies and the community have made Alpha Omega one of the more successful programs in Massachusetts for substance abusing youth.

PROGRAM ADMINISTRATION

The director of Alpha Omega, the two assistant directors, and the supervisory counselor are responsible for the daily administration of the house. Program administration is the responsibility of the executive director of Adult/Adolescent Counseling Inc. It is a long-term relationship and collaborative in nature. The director is also responsible for handling referring agencies, funding, staffing, training and agency liaison. The executive director oversees these responsibilities and is utilized as a staff trainer and consultant on clinical issues.

The board of directors for Adult/Adolescent Counseling, Inc. is a seven member lay board who represent the community. The board meets about each program and visits Alpha Omega once a year. The board also oversees funding and program development.

FUNDING AND BUDGET

The funding for Alpha Omega comes from the Massachusetts Department of Youth Services and Department of Social Services. Funding for the educational component may also come from local school districts that elect to cost-share under Chapter 766. The state puts out an RFP for these types of programs every three years, although budgets must be submitted annually. Funding for the program has remained relatively stable over the past several years. The program would like to expand some of its educational and aftercare services.

The annual budget for the program in 1984 was $345,686. As the budget actually reflects utilization/cost reimbursement of services , costs generally exceed income creating a deficit situation due to underutilization of slots. Changing priorities within state agencies from less restrictive types of services to residential group care have helped to stabilize the program, however.

The daily charge is $59.19 per adolescent. This includes room and board, education, clinical services, administrative overhead and all other costs. This represents an annualized cost of $21,035 per year, per youth. Of the 16 youth admitted in 1984, nine were shared by DSS/DYS and education, six were paid for totally by DYS or DSS and one youth was funded by all three agencies. The local school districts often suspend funding over the summer months and then reinstitute it in the fall to reflect academic year budgeting.

In an attempt to stabilize funding, the executive director has contemplated seeking licensure as a Department of Mental Health facility. However, this would essentially mean hiring a full-time psychiatrist. The facility could then become eligible for third-party coverage. But, the facility would then have to admit a different type of youth and meet very stringent JCAH accreditation standards. There are not plans to make such adjustments at this time.

RESEARCH/EVIDENCE OF EFFICACY

Alpha Omega currently has no formal evaluation of or research on the program's efficacy. However, informal evidence of efficacy shows a high level of success. Each year, youth come back for Family Day and many stay in contact through phone calls. These youth have stayed in the community -- many have completed high school, received G.E.D.s or even enrolled in college. Others have found employment or joined the Armed Forces. It seems that if the adolescent makes it through the aftercare phase of the program, there is a strong possibility that he will be successful in remaining in the community. To date, approximately 75 percent of the youth who have been in the program have met this milestone.

The program would like to undertake a long-term research effort that would follow clients after the aftercare phase, at three month intervals for at least a year. The research would look at the youth's ability to stay in school or find steady employment. The executive director also believes there is much to learn about program effectiveness through looking at program failures and reviewing resident entry/discharge logs about why youth leave. Although a formal study has not been undertaken, there is a common thread that runs throughout those who fail to complete the program. These youth seem to have a frightening inability to look at themselves. It is extremely difficult and when they reach that treatment threshold, they resort to "fight or flight." The program is constantly reviewing its services to make them more effective and to reflect the latest trends in the field.

PROGRAMS NEEDS AND FUTURE PLANS

Many of the program needs have already been identified through previous discussions. These include additional staff and expansion of aftercare services; a more stable funding base and one that more closely approximates the actual cost of services; and funding to conduct research on the program's effectiveness and the long-term effects on adolescent lives. As mentioned earlier, there is some discussion about seeking licensure from the Department of Mental Health, but this is a more long-term project.

The program has an excellent reputation in the state -- the executive director is often asked to make presentations on the model and some areas have expressed interest in "cloning" the program. The program has also been asked to expand into secure treatment. However, the executive director has no plans for expansion at this time.

GUIDANCE

The staff at Alpha Omega identifies four aspects that are important for any programs of this type. These include:

- Staffing--Staff and staff relationships are very important for the success of the program. There must be mutuality and sharing; staff must also have a high level of commitment and dedication to the program. The staff must also have a high level of professionalism, based on a common set of theory and knowledge.
- Clearcut Philosophy--There has to be a plan and a clearcut philosophical framework for staff and residents. The environment must be consistent, with rules, limits, structure and agreed-upon timeframes.
- Involvement of Families--Families must be involved; it makes no sense to treat the youngsters outside of the context of their home environment. In addition, all other agencies involved with the youth should be included in the treatment process.
- On-site Educational Component - An educational component which is part of the youngsters treatment adds a strong segment to the program, allows for immediate upgrading and enhancement of the youngster while working on learning skills, academics and educational goals as part of the treatment program. The certified educational component allows for community reimbursement, thus reducing costs to the state.

CHILDREN'S VILLAGE
Dobbs Ferry, New York 10522

OVERVIEW

The Children's Village is a private, nonprofit residential treatment program serving 300 emotionally disturbed, abused, neglected and delinquent boys between the ages of five and 14 at time of intake. The residential treatment program is located on 200 acres of land in Dobbs Ferry, New York -- a very idyllic setting in Westchester County. The residential campus includes 15 cottages housing 16 boys each; a public school with annexes; the Hayden Recreation Center; a family center; a non-sectarian chapel; a Village store; a cafeteria; an infirmary; and several administrative offices. The campus abounds with playing fields and lawns for any number of outdoor activities. In addition, the New York State Housing Authority has a 110-unit housing facility on separate grounds that abut Children's Village. The housing corporation is managed by the Village. First rental priority is given to Children's Village staff and their families; however anyone who works for a nonprofit organization may live there.

The program also operates four group homes and maintains thirty children in foster homes throughout New York City and its immediate environs. At the time of the site visit, Children's Village had a waiting list of approximately 25 children. In addition to its residential component, the agency offers many special programs and services, among them an intensive residential treatment program for more seriously emotionally disturbed youth (Tompkins Cottage); an adoption program; the Children's Village Family Center, which includes work with families at-risk of child abuse; and, the Work Appreciation for Youth (W-A-Y) Program. Children's Village is licensed by the New York State Department of Social Services and is accredited by the Council on Accreditation for Services to Families and Children, an affiliate of the Child Welfare League of America.

HISTORY OF PROGRAM

Children's Village was established over 130 years ago as an asylum for orphans in New York City. One of the primary activities of the orphanage was to provide cheap labor to farmers in the surrounding areas. The children would be sent out on trains from New York City, with designated stops along the way. At each stop, farmers would come on board the trains and adopt children who would also assist in performing farming chores. At the time, many of the youth were children of immigrants. At the turn of the century, Children's Village founders bought 200 acres of land in Dobbs Ferry, and relocated the facility there. Since the original program was closely affiliated with Columbia University, many of the Village's archives are now housed there.

With the relocation of the orphanage and changing times, the focus of the activities at Children's Village shifted; approximately 50 years ago the program converted to a more treatment and clinically-oriented program. At that time, however, the program resembled a military school more than anything else. Boys were required to salute the flag, wear uniforms, and participate in drills and other activities that focused on building character through strict discipline. It has only been within the last 25 years that the present composition and focus of Children's Village has been created. The program now focuses on meeting the educational, therapeutic and social needs of the boys admitted. The development of a therapeutic milieu that provides the necessary services to foster the child's growth and development has now replaced military discipline and drill. However, the one theme that permeates the current evolution of Children's Village is the importance of "work". In its present structure, the program encourages and reinforces the development of a strong "work" ethic among the children admitted.

CLIENT POPULATION

The children at Children's Village are primarily from New York City -- Manhattan, Brooklyn, Queens, the Bronx and Staten Island. A small but increasing percentage come from Long Island and Westchester County. Most of the children are referred through the Department of Social Services (DSS) from the district in which the child resides--the largest being New York City's Human Resources Administration/Special Services for Children (HRA/SSC).

The single largest group of children are abuse and neglect cases under the custody of SSC (under New York Article 10 Court Proceedings). Another third of the children, and this segment is growing, are admitted to Children's Village after first being referred from children's psychiatric hospitals. These children have usually received psychiatric care anywhere from one month to two years. Less than five percent of the Children's Village population are adjudicated delinquents or PINS.

Most of the children come from low-income and single parent households, although an increasing number are coming from more stable middle-class families. The racial composition of the current population is 50 percent black, 30 percent Hispanic and 20 percent Caucasian/other. The majority of the boys are between nine and 14 years of age. The problems exhibited by these youth are most commonly diagnosed as conduct disorders, attention deficit disorders, disorders of impulse control, schizophrenic/psychotic disorders and affective disorders. These disorders are seen as the result of the complex overlap of biochemical, neurological, environmental, social and familial problems.

The executive director of Children's Village writes that many of their children have lives:

> "...warped by poverty, abuse, neglect, or parental mental illness and learn that resignation and apathy are less painful than empty striving or caring. Feeling themselves worthless and rejected, they reject as worthless the norms of society. And they do not often trust those who say otherwise. Most have already demonstrated antisocial or bizarre behavior; nearly all are far behind in school; many come from families with a long history of unemployment. Most of our youngsters appear to have negative values and inappropriate expectations concerning work as well as education. They lack principles and standards to guide them in making appropriate choices in their daily activities. Failure is

> common and often expected. They feel alienated, and they alienate others."

Many have been in foster placements or various institutional settings prior to tenure at Children's Village. The average length of stay for children at Children's Village is 24 months.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

Children's Village strives to provide an integrated continuum of services from the time that a child is put into its care. Varying levels of residential therapeutic programs are provided that are linked to foster care and adoption services as well as an aftercare program for children discharged back to their own homes.

A basic therapeutic aim is to provide a setting and a structure which will help reverse early childhood trauma and emotional problems, by getting the message across to each child that: (1) staff care about them and will take care of them; (2) staff are willing and able to handle the child and his problems; and (3) staff will teach, and the child can learn, the skills he needs to "make it." The task, therefore, is to help each child deal with his feelings, form meaningful relationships with peers and adults (especially his family), learn to respect himself and the rights and feelings of others, develop a healthy identity and positive self-image, and acquire the skills necessary to lead a successful life when discharged from the Village.

To achieve this objective, Children's Village has created a therapeutic community -- a specially designed environment in which events of daily living are used as tools to teach competence in basic life skills. The focus is on growth and development in the total life sphere rather than on correcting psychiatrically defined syndromes. Children and their

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[*] Taken from a description of the Children's Village W-A-Y Program prepared by Nan Dale, Executive Director.

behaviors are not "labeled." The needs of each child are evaluated by a team of staff members -- the "treatment team" -- who then become the primary people involved in providing the care and services needed for that youngster and in reviewing treatment plans and the child's progress. However, every staff member and volunteer who comes into contact with a child in care has an influence on that child and automatically becomes part of the treatment team. No one method of "therapy" is espoused, rather, a broad range of treatment modalities are used that are geared to the total development of the child.

The concept of the therapeutic milieu in use at Children's Village embraces the following basic elements:

- Constant attention to the teaching relationship between staff and child, i.e. creation of an atmosphere for learning new social, emotional and cognitive skills.
- Incentives to grow -- and acceptance of failure.
- Positive, inspirational role models.
- Incremental experiences to encourage progressively greater competence.
- Commitment to making learned skills "transferable" to new situations -- especially the home, school and community to which the child is discharged.
- Respect and dignity for the child's own family. Family members, if available, play an integral part (or partnership) in the treatment process. Commitment to the child includes helping to build family strength and competence with the intention of better providing for the child's return home; or helping the child deal with the loss of his family so that he may have meaningful relationships with other adults or an adoptive family.
- Sensitivity to the cultural and social background of the child -- encouraging linkages to community support systems.
- Commitment to research and evaluation to refine treatment methods and inform others of findings.
- Development of harmony with the surrounding community.

The uniqueness of the Village program, its experimental and pioneering approach and its professional contributions to the understandings and techniques of helping disturbed children, is the basis of its residential treatment philosophy.*

THE PROGRAM

Intake Procedures

To initiate the admission process, Children's Village receives an application from the New York City SSC, from a district Department of Social Services with whom the Village contracts, or from a private hospital or other organization. However, all referrals must come ultimately from a district Department of Social Services. The intake staff at Children's Village perform an initial paper screening to ensure that the child is not totally inappropriate for its program. The intake caseworkers are determined by the geographical home of the child, since this will determine the unit at Children's Village to which the youngster will be admitted.** The appropriate caseworker will contact the referral source and schedule an appointment for a pre-placement visit. The child, with his parents, and perhaps a staff person from the referring agency, will come to the Children's Village campus. Typically, the child and parents will have interviews with a social worker, nurse or doctor at the infirmary, psychologist and psychiatrist. The child and his parents will then visit the cottage where he is to be placed and may have lunch with the other children. In some cases, the child may also meet and be evaluated by teachers at the school. The actual number and types of staff seen will vary, depending on the particular needs of the individual child.

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*See James K. Whittaker, Caring for Troubled Children, published by Jossey-Bass in 1980. This work has been relied upon by the Children's Village administration to describe aspects of its program philosophy and purpose.

**More discussion of the geographical units is included under the description of the residential treatment component.

The on-site visit is also viewed as an opportunity to establish guidelines with the parents and to contract with them about the role they are expected to play. Thus, the intake process provides the first treatment conference. The staff team that evaluates the child reviews their experiences and develops the initial treatment plan. In approximately 20 to 25 percent of the cases, there is a permanency goal of adoption. The treatment plan is reviewed and updated every six months.

Residential Component

The residential program at Children's Village is organized around four geographical units that represent areas of the city from which the youngsters come. The Paul Revere unit houses children from Brooklyn; the George Washington unit serves children from Queens, Long Island and Westchester County; the Martin Luther King unit serves children from all over Manhattan; and the Daniel Boone unit accommodates children from the Bronx. Each unit consists of four to six cottages in close walking distance of each other; the cottages can accommodate from 14 to 17 boys each. Each cottage has a supervisor and two child care staff during most hours of the day. A social worker is also assigned to work with the boys and their parents in each cottage.

The cottages function very much as a normal home. There is a living room, dining room, kitchen area and either individual, two-bed bedrooms or dormitory-style rooms for the boys. The staff assigned to a cottage do not rotate, so the boys interact consistently with the same staff and get to know them well. No two cottages are exactly alike, so that each reflects and conveys the style of the staff and children living there. The boys are responsible for keeping their private areas clean, and almost all have some chore for the entire cottage; i.e. dusting, cleaning up after meals, mopping, etc. The child care staff supervise the children in these work-related activities.

The child care staff on duty, sometimes with the assistance of the children, prepare breakfast. They are also responsible for seeing that the children get to school on time. Although lunch is prepared in a central dining room, it is delivered to the individual cottages and children return to their cottages for the noon meal. Dinner is also delivered in a similar fashion. However, each cottage is stocked with emergency staples and other food so that snacks and refreshments are available to the children after school and before bedtime. On holidays and other special occasions, cottages prepare their own meals. Each cottage also has a charcoal grill and, during the summer months, cook-outs are quite popular.

The child care staff, supervisor and social worker meet once a week to discuss each boy in the cottage. The team shares observations about the boy's behavior, his school performance, his peer relationships, and makes suggestions about how to handle any problems or concerns that have arisen during the week. The social worker often provides input about the parents or about other outside agencies that may be involved with the child. Each staff has an equally weighted say in discussions about how to improve the child's behavior or motivations.

In addition to staff meetings, each cottage conducts weekly (at a minimum) peer group meetings designed to promote peer support. Peer support groups are organized around specific program areas such as work attitudes, or overcoming the fear of adoption, etc. Oftentimes cottages also have special programs or activities. For example, in most units, there is an organized "Boy-of-the-Month" program. Children in the unit set target goals, and the one that best meets his goal becomes the "Boy-of-the-Month". It is a program organized by volunteers. There is a "Boy-of-the-Month" dinner, the youth receives a certificate and a check from the volunteers, and staff of the boy's cottage also receive a cash prize. The dinner often includes a guest speaker. It should be clarified that children in the unit set their own personal goals and the one who best meets his goals, as judged by the other boys, as well as the staff, becomes the "Boy-of-the-Month." It should also be noted that there can be many winners each month from any given cottage (or no winners). This program originated in the Revere Unit with a dedicated volunteer and has become very popular with the boys.

Every unit at Children's Village has some type of ongoing parent education group meetings. For example, the Washington unit, has had an ongoing parent education group in operation for the past ten years. Under direction of the director of psychological services at Children's Village, the group meets twice a month for approximately two hours (10:00 a.m. to noon) every other Thursday. The program follows a speaker-discussion, education and training format. Following the formal session, the children are invited to join their parents, from noon until one o'clock, for a complimentary lunch in a relaxed, sharing and social atmosphere.

At the time of the site visit, all units participated in a tutorial program. Once or twice a week, high school students from nearby schools come out to Children's Village to tutor the children in math, English or any other subject. The program appeared to be a huge success because each child had his own private tutor and really looked forward to the high school students' visits. All of these volunteer activities are coordinated through a Volunteer Office (see separate discussion).

Despite the largeness of the setting and the number of children in the program, the site visitor was extremely impressed with the real "family" and caring environment that made the program very warm and comfortable. Everyone knew each other and the boys really tended to get a lot of individual attention and support. For example, one very shy boy in one of the cottages had a pet rabbit and it became his chore to take care of his pet. This also gave the child something to "talk" about and helped him begin to establish relationships with other boys and the staff. These types of individual considerations were innumerable and helped make Children's Village a very personalized experience for each child.

Each unit has an overall director, assistant director, unit psychiatrist, unit psychologist, one to two psychology interns, a recreation coordinator, a nurse, and unit-based clerical staff. The director manages the workload and supervises the five cottage supervisors in the unit. In addition, the unit director oversees the work of the social workers assigned to the unit. Since social workers often travel to meet with parents and cottages or units often take the boys on trips, Children's Village maintains two busses, six bussettes and a number of small cars. Each unit has a car assigned to it; the car is primarily used by the four to six social workers in the unit. The religious staff, recreation staff, volunteers, work program, and medical/dental services are provided from central programs.

Educational Component

Children's Village has its own union free school (UFSD) district, which is dedicated solely to the education of children with emotional, behavioral and learning problems. The Greenburgh Eleven School (UFSD), located on the Children's Village campus, provides a full range of academic and other educational experiences to Village children as well as day students referred by other Committees on the Handicapped. The Greenburgh Eleven School was established in 1928. It currently serves the 300 boys at Children's Village and 18 day students from various areas of New York City and Westchester County. Emphasis is placed upon diagnostic assessment of all students. The main school building has 20 homeroom classes, other specialty rooms and office space. A small dining space is provided for the day students. The school also has an annex, located in one of Children's Village's buildings, which contains an additional 13 homeroom classes, making a total of 33 homeroom classes. All classrooms, therefore, have no more than ten children.

The current staff of the school includes 33 special education teachers, eight special area teachers, 33 teacher aides and eight special area aides. There is also a floating crisis aide, equipped with a walkie-talkie, who helps out in classrooms when there are behavioral problems or other crises. This creates a ratio of one staff to every five students in the classroom setting. The Greenburgh Eleven School also has 15 F.T.E.s involved in administration and support. Administrative staff include the superintendent, an assistant to the superintendent, a director of curriculum, a chief school psychologist and the administrative supervisor, who handles personnel matters. Support staff include two guidance counselors that manage initial interviews and class placement as well as any type of crisis intervention services, and two and a half school psychologists who handle psychological testing and provide some counseling. Reading specialists (1.6 F.T.E.'s) provide individual diagnostic testing on every child admitted and provide individual tutorials. Speech and language pathologists (1.8 F.T.E.'s) do screening and diagnostic work as well as see individual children who need further treatment. A guidance paraprofessional, a school nurse/teacher intern, and a poetry consultant complete the current staffing. The poetry consultant promotes expression of thoughts and feelings. Individual and group classes are available and many of the school bulletin boards are filled with the poetry of Children's Village students. A number of anthologies of the students' poetry have also been published as promotional pieces under the Volunteer Program.

The Greenburgh Eleven also operates a school volunteer program. These volunteers provide additional support to the highly specialized education program. Many volunteers function as individual reading tutors while others provide assistance in classrooms.

All staff at the school are Department of Education employees. The state pays a tuition of $13,976 for ten months per child. During the six-week academic program in the summer, the state pays a rate of $2,000 to $2,200. An Individual Education Plan (IEP) is developed for each child within the first 30 days. This plan determines the homeroom placement for the child. All children move at their own pace. The child's program includes reading, math, social studies, vocabulary, science and other academic subjects modified to his ability. Art, music, library, recreation, creative arts, and physical education are readily available as regular components of a student's program.

Remedial laboratories focus on reading, math and computer science. Computers assist in motivating children to overcome academic weaknesses and the use of computers has been an exciting aspect of the school's program. The school currently has two computer labs, which they hope will be expanded. The children are very comfortable using computers and it has proven to be an effective way to focus on eye-hand coordination problems and other remedial skills. During the last year, some children have begun to learn the basics of programming. Many of the children love computers so much that it has become one of the most popular recreational activities (see Recreation Program).

The Greenburgh Eleven School also uses a special curriculum, Instrumental Enrichment (IE), which is a program of cognitive remediation for preadolescents and adolescents designed by Israeli psychologist, Dr. Reuven Feuerstein. The curriculum itself comprises a series of paper-and-pencil tasks designed to develop, enhance, or rehabilitate a wide range of cognitive functions (thinking skills which are the prerequisites for successful learning). The 14 workbooks or "instruments" which constitute a three year program focus on those cognitive processes which are essential for mastery in any field of endeavor -- the ability to organize, to plan ahead, to follow directions, to understand relationships, to compare and classify, to orient correctly in space and time, and a number of others. The control of impulsive behaviors and the improvement of motivation to learn are both primary objectives guiding the construction of all the instruments.

Children's Village has undertaken formalized research on the effectiveness of the method. The data available thus far, from some formal assessments and from teacher and student reports, indicate a substantial degree of success in relatively short training periods and despite frequent changes of class assignments. The gain most reported by teachers appears to be in breaking through the "failure identity" of the students and developing an awareness of themselves as potentially successful learners. The success students achieve in solution of the IE tasks appears to arm them with the confidence to approach new and previously avoided educational challenges. Coupled with this are the greater use of language in meaningful, productive contexts, and the use of strategies for learning and coping within and outside the school setting.

The school has its own regulations and procedures for handling behavioral problems. The initial behavior is dealt with by the classroom teacher and teacher aide. If this is not sufficient, the main office is called and the child is taken to a supervised, "cooling down" room in the guidance counseling space. Many classrooms also operate with a loosely structured behavioral modification system. Children are given points, and the rewards for good behavior are based on the classroom teacher's structure and the needs of the children.

There is also considerable interaction and exchange between school personnel and Children's Village staff. For example, cottage staff or any appropriate member of a youngster's treatment team may be called into a school conference if there is a problem with a particular child. Cottage staff also walk their children to the classroom, thus ensuring day-to-day contact between cottage and teaching staff. At the end of the day, teachers return the children to the cottage, again allowing for daily communication. Teachers also attend treatment conferences in the agency for the children in their classes.

The school has consistently shown outstanding program results. Statistical analysis of achievement test scores indicate significant academic growth by students. Further, continual observation and rating of students' behavior has also shown marked improvement. In fact, a recent Department of Education program review has recommended that other school districts consider using the program at Greenburgh Eleven as a model for teaching other special needs youth.

Recreation Services

In 1984, the Child Welfare League of America conducted a three-day site visit at Children's Village. In a subsequent letter, the League stated that Children's Village had one of the best and most comprehensive recreational programs in the country, and it is extremely impressive. Unlike other programs, which relegate leisure activities to a low priority, Children's Village has made it a central and critical component of its treatment approach. The philosophy of the recreational program is summed up as follows:

> "People who are in conflict with themselves, their family, and their community have a difficult time in making wise choices of what to do in their leisure time. Ironically, many of these people are among those with the greatest amount of leisure. They

> need to learn to spend their leisure in constructive rather than destructive pursuits.... Children who come to Children's Village are among those who need this kind of help. In addition to the handicap of emotional illness, they rarely have good role models from which to learn sound leisure time choices. Therefore, the Recreational Services Department is charged with the responsibility of providing, as a part of each child's individual treatment plan, a carefully planned program of therapeutic recreation, recreation education, free choice recreation, and related activities designed to meet their individual needs."*

The Recreational Services Department offers three levels of recreational activities:

- Recreation education: a prescribed program for each child for the purpose of teaching recreation activity skills and knowledge and for developing positive attitudes and habits related to leisure and recreation.
- Therapeutic Recreation: a prescribed program of recreational activities to intervene in some physical, emotional, and/or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual.
- Recreation: the play activities in which the children freely choose to participate during periods that best fit in with the total agency operation when they are not involved in school, chores, prescribed recreation education and therapeutic recreation, church services, etc. Effective recreation education and therapeutic recreation enhance each child's ability to participate in meaningful recreation.

The department operates a centralized center program similar to a recreation center in a community and also provides decentralized recreational services for cottages and clusters of cottages on a scheduled basis. Opportunities are provided for selected children to learn meaningful work habits through useful on-grounds work projects related to the recreation program. Other functions include leisure and recreation counseling, recreation education, administering appropriate tests and measurements, staff training, research, and consultation related to specialized recreational services.

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*Included in the Recreational Services Department Statement and Goals.

In addition to recreation education during school hours, the program takes place during afternoons, evenings, weekends, holidays, and school vacation periods. It includes aquatics; arts and crafts; circus arts; dance; dramatics; early childhood play; games; hobbies; holiday celebrations; movement skills testing and remediation; music; nature outings; service to others; social events; special events; sports and trips. The nature of the program for each child is determined by clinical diagnosis of his needs and coordinated suggestions of staff, tempered by guided choices of individual children. Other factors that may influence the Recreational Services programs are time schedules, weather, group size, and available staff, facilities and equipment.

Various facilities are used including a large gymnasium, swimming pool, children's zoo, arts and crafts shops, indoor-outdoor theatre, large creative play areas, camp and Boy Scout headquarters, movement skills laboratory, music room, multi-purpose game room, decentralized playgrounds serving clusters of cottages, and areas in and around children's cottages. Community facilities in the metropolitan New York City area are used for various off-campus trips. The ethnic and cultural backgrounds of children are important factors in program planning. Children participate in program planning according to their abilities.

The site visitor was fortunate enough to observe a number of very well-developed recreational activities including the Children's Village chorus, the steel drum ensemble, a break dance troupe, freestyle rollerskating, swimming, gymnastics and dramatic arts. A number of these groups have performed around the state and are quite highly developed in their skill level.

Two recreational activities, which are quite popular at Children's Village, are the Computerbus and the Annual Children's Circus. The Computerbus is a converted touring bus that has been transformed into a traveling computer classroom. It contains 22 computers instead of seats. Its designer and operator is a Dobbs Ferry resident and he offers courses and lectures designed to de-mystify the computer for all those who board the bus. The first Computerbus "passengers" have included 27 of the boys at

Children's Village. The Computerbus owner originally donated one night per week to teaching computer skills to these children. The bus now comes two nights per week, and the owner is paid for his time and teaching. This activity has become one of the most popular at Children's Village.

The Annual Children's Circus at Children's Village is the climax of the summer recreational program. Throughout the summer, boys work to develop skills in anticipation of their participation in the circus. Relatives and friends of the boys and staff, as well as visitors from local communities, have the opportunity to participate with the boys in this annual event. The Annual Children's Circus has become one of the major volunteer fundraising activities and has been an extremely effective way to introduce and solicit support from community people for the Children's Village program. Every child at the Village has a role to play in the circus. The circus receives a high level of visibility because local press coverage and is believed to be the largest children's circus in the country.

The staff of the Recreational Services Department consists of a director of recreational services, unit recreation coordinators, supervisors and recreation specialists, plus clerical and maintenance personnel. In addition, volunteers and field work students enrich the program. The department director is responsible for the organization, management, planning, supervision, and integration of the department's services.

Clinical Services

There are well-developed psychiatric and psychological services available at Children's Village. The program employs a chief psychiatrist, who is responsible for coordinating all psychiatric services on campus. Along with the psychological component, psychiatric input is utilized in initial evaluations and updates; medication and hospitalization; consultations and training for staff; and, individual treatment. The psychiatrist is also actively involved in the Village's Utilization Review Committee. Although 60 percent of the children in residence have been on medication at some point (usually before coming to the Village), the program does not view medication as a form of behavior control and thus uses it as a last resort. Even for the 33 children currently on medication, the aim is to reduce its use or to wean them completely. However, the psychiatrist observed that the program is receiving more and more referrals from children who have been previously hospitalized and who have more flagrant mental disorders. Thus, there is a growing need for more specialized services such as those provided at Tompkins Cottage (see Special Programs).

The psychology department started 15 years ago and includes clinical services, training, research and evaluation. In 1971, the psychology department received APA approval as a training, research and evaluation site for interns, and the program currently has six psychology interns from all over the country. Besides the interns, there are six psychologists and two externs (i.e. doctoral-level students). The psychology staff is spread across all the Children's Village units and provides programming, in-service training, parent education, family therapy, consultation, assessment, individual and group therapy. There is not a heavy emphasis on testing, although each child is given a standard battery of tests upon admission. Currently, psychologists lead or co-lead a number of groups including a social skills group, a grief group, cognitive behavior modification group, play therapy and anger control groups. The types of groups offered are based on the individual needs of children as identified through initial assessments, treatment conferences, child care workers and other staff. There seems to be wide agreement that the training program greatly enhances the quality of services at Children's Village.

Medical Services

Children's Village operates its own clinic and infirmary on the grounds. It is a very well-equipped and organized medical center and includes eight beds in its infirmary. The bed capacity is currently being expanded to twelve. Its staff includes a director of health care services, four R.N.s who are unit nurses, two evening nurses and counselors. A physician is available each day and is on call in the evenings and on weekends. Dental services are provided by two dentists (20 hours) and dental aides (30 hrs).

As soon as a child is admitted to the Village he is screened for communicative diseases; medical staff try to provide a complete physical within a month. A part of the physical exam, upon admission, is to screen the child for signs of child abuse.

Each unit at the Village has a nurse assigned. The unit nurses work from 7:30 a.m. to 3:30 p.m. Their first duty is to prepare medications and make the rounds to the cottages. Very few of the children are on psychotropic drugs (approximately ten percent), but some children have asthma and other illnesses that require regular medication. The unit nurses also distribute vitamins, cough syrup and antibiotics, if needed. These unit nurses get to know the children very well, since they also participate as members of the treatment conference teams for the youth in their units. The unit nurses, as well as other medical staff, are free to participate in staff training programs. In fact, several nurses participated in the crisis intervention training offered last year and two nurses were trained to become sex education teachers for small groups of children.

Many of the children admitted to the infirmary suffer fractures and injuries from sports. Viruses and flus are also common. A few have a history of seizures and several children have been treated for venereal diseases. If an emergency or more serious illness arises, the infirmary has a close association with St. John's Hospital in Yonkers and can call on the services of the volunteer ambulance association from the town of Dobbs Ferry.

The director reports that the children now being admitted to the program tend to be more needy and have more problems -- both physically and emotionally -- hence, are more time consuming. The schizophrenic child was a rare exception, but is becoming increasingly more common at Children's Village.

The staff also has a medical clerk who arranges and completes paperwork for medical care provided to children in Village group homes and foster care homes. For the most part, outplaced children take advantage of available community medical resources as much as possible. Some group home youth receive better care than others. For example, Long Island Jewish and Flushing have good adolescent clinics; other areas do not have such resources. Like all Children's Village programs, medical services play a very integral role in the treatment process. The staff are very knowledgeable about the children and keep very good records of their medical histories. The infirmary is another very warm and nurturant setting offered to Village youth.

Group Homes

Children's Village operates four group homes -- three in Queens and one in Nyack. Each home has ten boys. The programs have a group home supervisor/director, child care counselors and social workers. The boys are transferred to group homes when they are able to manage life in a community setting, but are either unable to return home at the time of discharge, or have no home to which to go. This latter group of youngsters has a discharge objective called "Independent Living". In fact, the group home program is designed around teaching boys independent living skills whether or not their goal is to return home. Youngsters are taught job skills and are encouraged to get a job. They are taught how to shop, do their own laundry, cook, find resources in the community and use leisure time appropriately. Every effort is made to make the group home as homelike as possible with a special emphasis on development of educational skills and work-related skills. For example, on school nights, boys are expected to participate in a study hour, and all of the homes have special tutors who work with the youngsters. The boys are fully integrated into the local community, attend the local 'Y', participate on school teams and student government and can invite their friends "home".

Adoption Services/Foster Homes

Many of the children at the Village, approximately 20 percent, are legally free for adoption. The agency has developed a department that coordinates the adoption process for children, adoptive parents and state adoption authorities. Therefore, the main functions of the office are:

- to prepare the child for the adoption process;
- to recruit potential adoptive families;
- and to coordinate foster care placements.

When a child is ready for adoption, the unit will refer the child. The Adoption/Foster Home Unit works with the unit staff to prepare a youngster for adoption, to help him resolve past problems, etc. Adoption preparation work is carefully researched and evaluated. Personnel in adoption services will then start to recruit a family for that child -- a process that usually takes at least six months and often considerably longer. As a part of the recruitment process, staff will contact any relatives of the child that may be willing to act as foster parents or legally adopt.

For the last year or so, the Village has been undertaking activities to recruit adoptive parents in a more visible and organized fashion. Staff have made presentations and attempted to gain support from religious and business activities. One of the more successful activities has been the One Church - One Child Program. Under this program, each church tries to find at least one of their member families to adopt a child. So far, several families have been identified directly through that network.

Business and fraternal organizations have also been asked to assist in the adoption efforts and their contributions include: (1) providing a forum for Children's Village representatives to address its membership; (2) serving as advocates for families; (3) providing resources for spreading the message, i.e. brochures and other in-kind contributions; (4) and, funding for advertising. In this regard, two New York State milk companies agreed to run Children's Village adoption advertisements on its milk cartons for a few months. This type of advertisement produced two adoptive families. The milk companies have agreed to run the advertisement several more times in 1985. A major public relations firm has also donated time to develop a song for radio and television commercial spots on adoption. The staff are very enthusiastic about these developments and the additional publicity has increased interest in adoption. The persons who volunteer at the Village are also potential resources for adoptive parents. The

One-for-One project, i.e. a volunteer selects a child that he/she will spend time with, has also led to one or two adoptions.

The adoption services division is also responsible for overseeing the children who are placed in foster homes, since foster homes are often viewed as pre-adoptive arrangements. At the time of the site visit, there were 31 children placed in pre-adoptive foster homes. In order to become a foster parent and potential adoptive parent, a person must be at least 21 years of age and be in good physical health. This person(s) may or may not have his/her own children. There are no specific income requirements, but there must be a separate space for the child. There has been a growth in single-parent adoptions; however, an assessment of the child's needs determines whether that is a viable option.

There are two and a half full-time social workers on staff who undertake the home study and supervise the foster family until the adoption process is completed. After the adoption has been processed, the social worker usually continues to meet with the family for at least six months. Children's Village receives $2,000 for every finalized adoption, besides the subsidy to families. However, this fee does not cover the costs associated with the process until adoptions reach a rather high volume.

The Volunteer Program

Children's Village has one of the most organized volunteer programs of any residential program visited. Many programs, in fact, tend to dissuade the participation of volunteers since organizing them can be extremely time consuming and sometimes dysfunctional. However, Children's Village seems to have found the key to organizing volunteers to be an effective and positive adjunct to the treatment program.

At present, there are over 940 volunteers who donated more than 25,000 hours in 1983-84. There are over 22 different programs in which volunteers participate. However, the largest volunteer activity is sponsorship of various cottages. A group such as the Kiwanas, Women's Clubs, or church groups select a cottage. Volunteers from the organization visit the cottages, participating in games, activities, birthdays and other special occasions for the boys.

These and other activities are coordinated by a director of volunteer program services. She works with a volunteer council that is made up of 40 to 60 volunteers representing various groups or on-campus activities. Most volunteers are recruited through word of mouth; the agency used to advertise for volunteers but did not have very much success. The director of volunteer services screens all potential volunteers. If they tend to have their own problems, she attempts to steer them in other directions -- this happens with approximately eight to ten potential volunteers annually. Most of the volunteers work out very nicely. Most are from Westchester County (Mt. Vernon, New Rochelle); those volunteers from Rockland County or New York City have usually been attached to the children from a prior placement.

In 1983-84, the Federation of Protestant Welfare Agencies presented the Helping Hands Award to the volunteer program at Children's Village. This has been the only agency to receive the award in all three categories. The reasons stated for the award best summarize the importance of the volunteer program at Children's Village:

- In category A, CONSTRUCTIVE AND INNOVATIVE USE OF VOLUNTEERS IN AGENCY PROGRAMS, the judges were particularly impressed by the agency's integration of 60 VIB's (Volunteers for Individual Boys) into the boys therapeutic program and the long-term commitment, devotion and understanding provided the boys by their individual volunteers. Among the other activities considered outstanding in Category A is the new volunteer foster home recruitment committee and the tireless efforts of the Thrift Shop Committee.
- Under Category B, EXCEPTIONAL SERVICE ACCOMPLISHED THROUGH VOLUNTEER/STAFF TEAMWORK, the judges found the legislative committee to be a prime example.
- In Category C, UNUSUAL SUPPORT AND ACCEPTANCE OF THE AGENCY AS DEMONSTRATED BY THE INVOLVEMENT OF THE COMMUNITY, the award judges were most impressed with the 30 Westchester groups

including corporations, schools and civic organizations involved in concrete and tangible service to Children's Village.[*]

The Daily Routine

The routine at Children's Village strives to replicate a supportive, nurturing environment. The children have breakfast in their cottages and prepare for school. The child care workers then walk the children to school, leaving them in their various homeroom classrooms. The children do school work until a little before noon, when the child care workers pick them up for lunch in their respective cottages. From the site visitor's observations, children not only eat lunch, but use this time to talk to their child care workers or other peers about their day. If they did not complete their morning chores (i.e. making the bed, hanging up clothes, etc.), the child may complete the chores at noon under the guidance of a child care worker.

At 1:00 p.m., the children return to school until 3:00 p.m. From 3:00 to 5:00 p.m., the children participate in some recreational activity, receive individual tutoring, do homework or work at an assigned job or task (see W-A-Y Program). The children return to the cottages for dinner. The evening is devoted to some type of recreational activities, such as computers, rollerskating, swimming, steel drums, chorus, etc. The boys usually participate in some such activity or work at assigned jobs until 8:00 p.m. Then, the children return to their cottages to prepare for bed. This may include meeting with the child care workers, completing homework, writing letters, or having a snack.

Every other weekend (after the first month of admission), children visit with their families (natural or foster) at home. After classes on Friday, the children, accompanied by child care workers, take the train from Dobbs Ferry into Manhattan. Parents are expected to pick the children up at various points and the child care worker will remain with the child until that occurs. Those children that do not have families remain at Children's Village or may go and visit the volunteer involved with him in the VIB program, which is "volunteer for an individual boy" -- a kind of Big Brother program. The staff makes every attempt to solicit the participation of a relative or older sibling in having the child visit for a weekend. Those who remain at the Village on weekends participate in a number of planned recreational activities and field trips. Parents are also encouraged to visit the children on campus.

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[*] Mrs. Helen Roosevely, Presenter, "The Helping Hands Award Presentation to the Children's Village," The Children's Village Bulletin, Volume VII, No. 1, Winter 1983/84, p. 9.

SPECIAL PROGRAMS

• Tompkins Cottage: Intensive Residential Program

The Tompkins Cottage program for severely disturbed boys was conceptualized as: (1) a transitional program for those children referred to Children's Village from psychiatric hospitals who could not adjust to or tolerate the stimulating atmosphere of the regular cottages; (2) as a crisis shelter for those kids who, with some frequency, go through crisis periods, (3) and, for children who are doing so poorly in the normal cottage setting that they risk being hospitalized for their own protection and treatment, or for the protection of other children.

The program is an intensive, highly structured setting, run by specially trained staff for high risk boys of severe pathology and extraordinary behavioral deterioration. The program has a higher staffing level than the regular cottages and the child care workers are specially trained. In addition, the cottage is equipped with a two-way mirror so that individual sessions, play therapy and life-space interviews can be observed and used to further train staff to understand these children. This program is not appropriate for boys who are essentially delinquent or violently aggressive, although these behaviors need not exclude a boy from the program if they are secondary to his primary pathology and diagnosis.

Like all special programs at the Village, the Tompkins Cottage program has been studied for effectiveness. The study found that the boys in Tompkins Cottage were very much like other Village boys in terms of age and other demographic characteristics. However, the boys require more interaction with child care staff and are perceived "differently." They are very cooperative in the recreational programs but seem to be less coordinated than other boys. The study also found that parents of children in Tompkins Cottage receive four times more services from social work staff and tend to be more disorganized. Children stay in the program for a minimum of 30 days and often for their entire stay at the Village -- as long as two years or more. It is the feeling, among staff, that many other children at the Village could benefit from the more intensive program offered at Tompkins, especially as more children come directly from psychiatric facilities. It can be noted that the children from Tompkins Cottage are mainstreamed in all other program areas, e.g., school, recreation, etc.

- Work Appreciation for Youth (W-A-Y Program)

Children's Village has developed a new program for some of the emotionally disturbed boys who are in residential treatment. It is hoped that through the W-A-Y Program, which stands for Work Appreciation for Youth, these youngsters will learn to value themselves, to take responsibility for their own lives and behavior, and to find ways to control themselves and their futures.

The W-A-Y Program is designed to teach basic attitudes about work. The emphasis is on developing, and respecting, skills which are necessary for getting and keeping a job. Through "hands-on" work experience, a youngster learns the norms of work in society, learns to meet expectations and, finally, to internalize them as his own values.

The specific goals of the W-A-Y Program are:

1. To teach each youngster that he has control over his own life.
2. To create a positive work attitude.

3. To teach youngsters how to get a job: answering ads, filling out applications, interviewing skills, etc.

4. To teach youngsters the "mechanics" of holding a job: how to fill out time sheets, to report to work on time, to notify the person in charge when they are going to be late or absent from work, etc.

5. To teach youngsters how to get along with their fellow workers to accomplish assignments.

6. To teach youngsters how to plan for their future through constructive use of their money, both for personal use and by saving.

7. To conduct ongoing program evaluation and research: emphasis on the acquisition of data which will show how to refine the program to make it as effective as possible, and to show the extent of the program's success in breaking the cycle of poverty, unemployment and hopelessness for this population.

The program operates through a continuum of work experiences -- five distinct stages -- that polishes skills and demands greater and greater competence and commitment from the boys. The components are described below:

- The purpose of Component I, NON-SALARIED, ONGOING CHORES AND COMMUNITY SERVICES, is to provide children with the foundation upon which the remainder of the program builds. Its basic message is that everyone helps out at home -- without getting paid for it -- and that helping others voluntarily has its own rewards. At this level, children begin receiving specific suggestions about their options for completing tasks under the close supervision of their cottage staff. Before children undertake even elementary activities for which pay is possible, it is expected that they will have shown growth in developing a measure of self-respect, gratification over the mastery of new tasks, and pride in finishing what has been started.

- Beginning SALARIED JOB EXPERIENCES under close supervision of COTTAGE/UNIT personnel constitutes Component II. At this level, youngsters begin applying for jobs and may be placed on probation or terminated for poor performance. Forms and procedures are established by units to meet their particular needs and to prepare the boys for more demanding campus work activities. In this component, children can go beyond the limits of a household environment in order to work in the equivalent of their immediate "neighborhoods."

- Component III, SALARIED, CAMPUS WORK EXPERIENCES, are located around the Village grounds and are coordinated campus-wide by the W-A-Y Program supervisor. A set of formal procedures and standardized work forms have been developed for use by work-site supervisors ("employers") and children ("employees"). Individual and group counseling is expanded in this phase, and exposure to "real life" work situations is begun. In this component, boys learn to work with minimal supervision. Boys may apply for work in any of the following areas, provided that an opening exists: manufacturing/retail work (sign shop, Village Store, etc.); communications/publications work (student newspaper, writer, cartoonist, etc.); education/service work (peer tutoring, computer teacher assistant, etc.); and manual work (gardening, snow removal, stock boy, etc.).

- Component IV, SALARIED, COMMUNITY WORK, assists boys in the group homes who are older and are already situated in a community setting; it also provides jobs in the local community for older campus boys who demonstrate their readiness. In geographic and/or career areas where few job opportunities exist, or in instances where potential employers may be hesitant about hiring a Village youngster, a wage subsidy can be offered to the employer.

- Youngsters who have achieved success in Component III or IV depending on their circumstances, can become candidates for a Component V scholarship. WORK SCHOLARSHIP RECIPIENTS -- boys who have demonstrated the potential to succeed at a post-high school level -- enter into a contract with Children's Village voluntarily and with their parents' or guardians' consent. They agree to work at least eight hours a week for 32 weeks of the year and to save at least a fixed percentage of their earnings while remaining in school. Funds accumulated (both the youngster's savings, donor matching funds, and earned interest) are restricted. These funds may be used only for post-high school job training or for college. In the event that a student leaves school before graduation, he forfeits all of the donor's funds and does not have access to his own savings until the year he would have graduated. When participating students are discharged from the Village, they are able to remain in the program at least through high school and up to a maximum of five years, as long as they are still going to school. The W-A-Y counselor continues to provide encouragement, helps to develop job opportunities, and serves as a role model for each student. Savings and matching funds continue to accumulate, adding to the youngster's "nest egg."

The initial development of Components IV and V has been possible only because of grants totalling approximately $335,000 from private donors who wish to remain anonymous.

At the present time, funding is available for 15 scholarships annually for each of the next five years. The site visitor had an opportunity to speak with the W-A-Y Program staff, some of the scholarship boys and to observe many of them at work -- it seems the most sought-after job is that of disc jockey, followed closely by computer assistants. The research protocol for the program is also extremely well-developed and the enthusiasm generated by the work program is providing real motivation to many youth. The pride with which they treat their jobs and the level of responsibility exhibited is quite remarkable.

- The Family Center

The primary aim of the Children's Village residential program is to return a child who is capable of functioning in society to an adult who is capable of parenting that child. In order to better and more fully provide for the needs of the parents, and prospective parents, of Village youngsters, The Children's Village Family Center officially opened its doors in September, 1983.

The Center will not replace innovative family work currently in progress at the Village but, rather, provides support for it. The facilities of the Family Center are available to all campus units; space is provided for workshops, meetings and social functions and a nursery has been established for visiting siblings.

Village staff have determined that the Center should accomplish the following: provide a laboratory for developing family therapy strategies and testing their effectiveness; coordinate family work at the Village and disseminate information relating to it; provide a setting in which ideas can be shared and feedback given; and, provide consultation and concrete services to staff and parents.

The first undertaking of the Family Center was the establishment of The Family Therapy Training Institute. Formal institute standing will be sought after the Family Center is in operation for three years. The Institute offers a full three year program of lectures, seminars and direct clinical work that trains clinicians as family therapists and improves their skills in working with families. The training is provided by skilled and highly trained family therapy specialists. In the initial year, 37 Village staff enrolled in the program including psychiatrists, social workers, school personnel and psychologists.

Trained family therapists also run parent groups, which have a support and educational format and meet every two weeks. This has proven to be a good way to engage parents initially, but is not quite enough to get at deeper, more long-term problems. The Center also is available for consultation for family therapy sessions, all of which generally include the youngsters in care, siblings, available relatives, and 'extended family' when possible. The family may meet once a month or as frequently as twice a week. The families are identified through the treatment planning completed by unit staff. At the time of intake, discussions are held with the family about staff expectations concerning their participation.

The Center has identified and uncovered several problems or difficulties in treating the families of the boys at the Village. For the most part, staff has tried to single out every possible difficulty or obstacle to participation and find a solution. For example, at first families would not show up for sessions at Children's Village. Through extensive home visits by social workers, it became clear that many families did not know how to travel or many had other children. The Center has a mechanism for providing transportation to those who need it and has established an on-site nursery, staffed by trained volunteers, who care for siblings while the parents are engaged in therapy. The Center has also found differences among families (esp. Hispanics and blacks) that must be understood and incorporated into the treatment process. Many Hispanic families require the assistance of a translator since there are very few bilingual staff. One of the current psychology interns has developed a research project around how clinicians interact with ethnic minority families.

- Project IMPACT[*]

Project IMPACT (Interventions to Maintain Parents and Children Together) is a multi-year treatment and research project, funded by the Frueauff Foundation, which focuses on the prevention and treatment of child abuse. IMPACT was designed to test a new, more effective method for preventing abusive behaviors and for treating families at-risk. It sought to combine three different modes of treatment (parent education, systematic family group therapy and community-based parent support groups) to provide families with child development information and management skills, experience in asking for and receiving support from parents in similar situations, and practice in establishing support networks. The project's neutral name was chosen carefully so that parents in need of help would not resist treatment for fear of being "labeled" by their participation in the project.

Participants were drawn from each of the four treatment units at Children's Village. Those selected either had a documented record of child abuse or were considered at-risk for such behavior based on their social isolation, inappropriate expectations of their child, and/or ineffective child behavior management skills. A related group of "emotionally abusive" parents were also identified. They were defined as parents who, because of their own pressing needs, either failed to provide the necessary support and structure for their child, or who responded to their child in a consistently negative and punitive way. Based on these criteria, 41 parents were identified across the four units. Of these, 31 participated in the initial evaluation, 21 graduated from the program and two were near-graduates. The 23 parent participants included 21 biological mothers, one biological father and one adoptive mother. Participating parents were provided transportation and were asked to share dinner with their sons on the evening of the sessions. Teams of two child care workers, two social workers and two psychologists were developed for each unit and assisted in the sessions and in any other collaborative activities.

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[*] For more extensive detail see Arthur J. Swanson, Ph.D., Jandyra Velazquez, M.S. and Ann Morison, Ed.D., "Report to the Frueauff Foundation on Project IMPACT: Phase I: A Multimodal Approach to the Prevention and Treatment of Child Abuse," January 7, 1985.

The curriculum consisted of 14, two and a half hour sessions. For the first three sessions, the parents met as a group and the children met as a group. In the next four sessions, the emphasis was on teaching alternatives to physical punishment. There were specific topics and the children joined the parents for 30 to 45 minutes. In sessions eight through eleven, actual role playing occurred on how to handle various problems that would have ordinarily led to abusive behavior. In these sessions, staff acted as facilitators and not so much as teachers. The last two meetings were held in the homes of some of the mothers. These sessions hoped to solidify the network of parents so that they would provide ongoing support to each other.

Results provide strong support for the effectiveness of Project IMPACT. Parent interviews reveal that the majority of parents involved learned more about themselves, came to value themselves more, began to see each other as resources, and obtained helpful information regarding child development and child management. The reactions of treatment team members to the project were also very favorable. Staff viewed the multimodal treatment approach superior to any one approach alone. They also enjoyed the experience of working as members of a multidisciplinary team and believed that parents were helped from being treated by professionals with different perspectives and orientations. Treatment team members were encouraged by the parents' commitment to the project. In particular, social workers became more optimistic about the viability of working with parents, especially those formerly considered to be "unreachable."

- The Brooklyn Center

In June 1982, Children's Village opened the Brooklyn Center, which is an outpatient clinic located in Brooklyn. The Brooklyn base has helped to foster community contacts with other agencies. This has aided in the development of community resources for families and boys, including siblings not in the Village's care who may have special needs or problems. Having a base in Brooklyn has helped to build a natural, community-based support system for parents. Parent groups meet in the Center, support networks can be established, and parents who fail to show up for appointments or children who are AWOL can be reached more effectively. It has also been possible to do preliminary intake screening when various factors preclude making the first contact on campus. These contacts have made it substantially easier for the families to accept a visit to Dobbs Ferry as a necessary part of the admission process.

Another asset of the Brooklyn Center is that community resources have been further developed so that staff are now getting more services for families and closer coordination with the agencies offering these services. Frequently, the community worker accompanies the client to the new agency, at least for the initial visit. The office has also facilitated more effective aftercare for boys and their families. At present, the Center operates six days a week. Social workers, with children residing at the Children's Village campus, have a regular weekly schedule for field visits to Brooklyn. There is some discussion of opening similar centers in other areas such as Queens and the Bronx.

INVOLVING FAMILIES

The involvement of families -- biological, foster, and adoptive -- is a major component in the Village's treatment program. Most family work continues to be unit-based; however the Family Center has pioneered with new approaches to working with difficult families and is available as a consultant for "stuck" family work. Also, the Family Center, as explained in the earlier section, serves as a resource for babysitting services, etc. The family of every child at the Village receives a great deal of service. All social workers are required to make visits both in the home and on campus. Most families receive some combination of individual, group or family therapy. Most are also included in some kind of parent effectiveness training. All families are also encouraged to visit their children in the cottages, attend special events, etc.

STAFFING

Children's Village has a staff of 287 employees. This does not include the employees at the Greenburgh Eleven School or the twelve full-time staff equivalents represented by the combined efforts of over 900 volunteers. It also does not include six psychology interns that are placed at the Village. The direct care staff totals 213 with a full complement of professionals including three psychiatrists, five doctoral level psychologists, 18 masters-level social workers, eight B.A. level social workers, 15 registered nurses, eleven activity therapists and 153 child care workers. The support staff includes four clergy persons, 35 clerical staff, 22 maintenance staff and five drivers.

The staff at the Village is very dedicated and many of the staff have had a long tenure. For example, several of the child care workers have been affiliated with the program for 15 to 20 years. One of the child care workers, in fact, was named the 1984 New York State Child Care Worker of the Year. The morale among the staff seems to be very good and there is much emphasis on team decisions rather than a more hierarchal structure. In many cottages there is at least one person who has been there for a long period of time.

The administrators and staff indicate that attitudes and personality characteristics are key factors in the effectiveness of the staff. It is important that staff support each other and function within a team framework; staff members must also care about children, be flexible, and have a good sense of humor. The interpersonal skills of the individual staff members are extremely important when working with the team or with families.

However, Children's Village has also had its share of staff turnovers and staff frustrations. Money, or the lack thereof, is the primary factor in staff turnover. Child care workers often move on to other positions or reach a plateau in career mobility. It is difficult to keep good people given these two factors. Interestingly, it is the social work staff that also shows a high level of turnover and frustration. Social workers can make higher salaries working for the State of New York or New York City than working for a private, nonprofit agency such as the Village. Such positions are also more traditional and less demanding than the equivalent Children's Village job that requires greater flexibility and outreach. One of the major sore spots for social workers at the Village is the large amount of time that must be spent in paper work to meet the requirements of various funding and regulatory agencies.

The Village has tried to counteract the gross underpayment of child care workers and social workers, to some extent, by supplementing salaries with other resources, providing low-rent housing, and providing in-service training programs that enhance staff skills. However, the administrative staff continues to review strategies for providing better financial compensation and other incentives to attract good, committed staff. The executive director observed that the low pay of human service workers is a problem throughout the whole state.

COMMUNITY LINKAGES

Although the program is located in Dobbs Ferry, Children's Village has managed to develop and maintain strong linkages with its residential community, referring agencies and the communities from which their clients come. This is an enormous task, but the Volunteer Program is one example of developing effective linkages with the local community. The Adoption/Foster Care Services is another example of how the Village pulls in or involves community resources in helping to publicize, educate and find solutions to problems. Thus, the program not only maintains linkages with the funding agencies, but with other resources in the community.

DISCHARGE PLANNING/CONTINUITY OF CARE

The discharge planning process is currently a subject of great contention at Children's Village. Since the program is heavily dependent on state funds, certain requirements are attached to the funds. The Child Welfare Reform Act (CWRA) and related New York State and City regulations concerning foster care have tremendous impact on the discharge planning process. The executive director of Children's Village has been extremely active in attempts to make the regulations less rigid and more cognitive of the needs of the individual child. One regulation stipulates that children should be discharged within 24 months; other regulations deal with discharge to adoption.

An analysis of the regulations point to a number of consequences that have created problems for the Village and other residential treatment agencies, namely:*

(1) There is a disincentive for agencies to accept the transfer of highly disturbed children from other agencies because they may have insufficient time to treat the child and his family before being out of compliance with the regulation.

(2) There is a disincentive for agencies to provide a continuum of services (e.g., residential treatment, group homes, and foster homes all run by one agency) because a transfer within the agency is calculated against the agency--not so if a child is transferred to another agency's program.

(3) There is a a disincentive to set up innovative programs which might allow a child to remain in a residential treatment center rather than a psychiatric hospital. A unit such as Tompkins Cottage may be penalized for providing this innovative program because the children are unlikely to be ready for discharge within the time frames permitted.

(4) There is a disincentive for agencies to accept the transfer from other agencies of children who are already freed for adoption and who also need intensive treatment.

(5) The pressure to terminate parental rights and to plan for adoption within the given time frames may be a disservice to many children. The difficulty in finding adoptive parents for children over the age of twelve has been well documented. Many of these children provoke rejection, because they cannot (and possibly, should not) sever their relationship to their biological parents--no matter how inadequate or destructive that relationship may have been.

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*Nan Dale "The New Foster Care System: A Procrustean Bed?," The Children's Village Bulletin, Vol. VII, No. 1, Winter 1983/84.

Although the Village receives exceptions to these regulations, the New York City assessment system rates them as unsatisfactory in the category of "discharging children on time". The conflict between delivering quality care and conforming to regulations puts difficult pressure on staff who often feel caught in the middle.

PROGRAM ADMINISTRATION

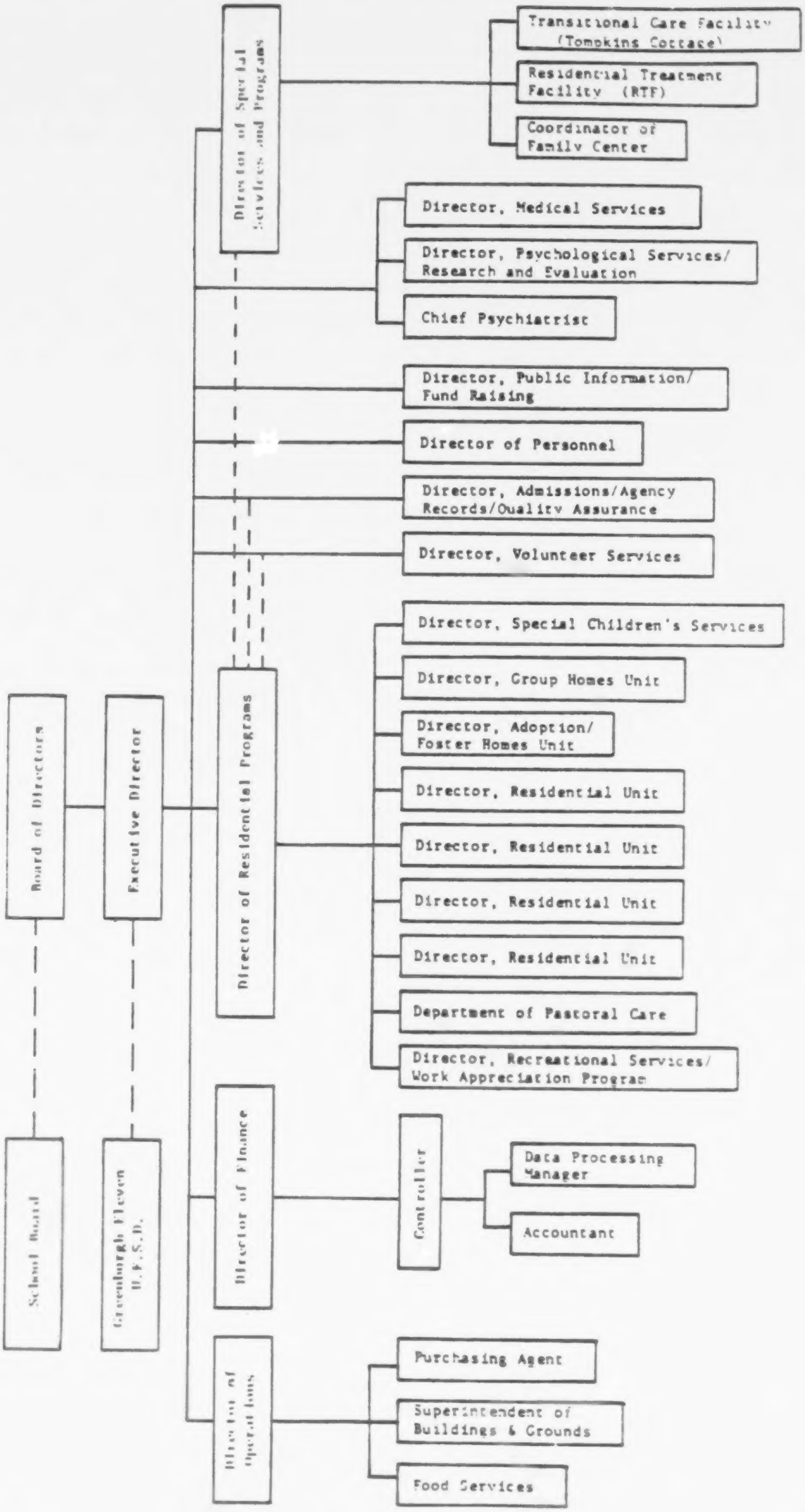
The administrative structure of the Village has undergone changes since the current executive director was hired within the last four years. At the present time, there is an administrative organization that includes the executive director, director of operations, director of finance, director of residential programs and director of special services and programs. The organizational chart (Table III) illustrates how the programs that have been discussed fit into this overall structure. The Children's Village also has a very active board of trustees that is primarily responsible for setting policy, assisting in setting goals, and fund-raising.

FUNDING AND BUDGET

The Village receives most of its funding from federal, state and city governmental sources. Medical and clinic expenses are paid through Medicaid. The per diem rate for children at the residential treatment center is $66.00 per day, $63.10 in a group home, and $19.00 for administrative costs for foster-home care. In 1984, the total revenue from public support, governmental agencies and other sources was $11,464,890, distributed as follows:

•	General Fund	$10,922,309
•	Depreciation Fund	8,574
•	Restricted Fund	73,142
•	Land, Buildings and Equipment Fund	287,972
•	Endowment and Similar Funds	172,893

TABLE III


Board of Directors
Executive Director
School Board
Greenburgh Eleven U.F.S.D.
Director of Special Services and Programs
Transitional Care Facility (Tompkins Cottage)
Residential Treatment Facility (RTF)
Coordinator of Family Center
Director, Medical Services
Director, Psychological Services/ Research and Evaluation
Chief Psychiatrist
Director, Public Information/ Fund Raising
Director of Personnel
Director, Admissions/Agency Records/Quality Assurance
Director, Volunteer Services
Director of Residential Programs
Director, Special Children's Services
Director, Group Homes Unit
Director, Adoption/ Foster Homes Unit
Director, Residential Unit
Director, Residential Unit
Director, Residential Unit
Director, Residential Unit
Department of Pastoral Care
Director, Recreational Services/ Work Appreciation Program
Director of Finance
Controller
Data Processing Manager
Accountant
Director of Operations
Purchasing Agent
Superintendent of Buildings & Grounds
Food Services

The expenditures for the same 1984 time period totalled $11,058.170, distributed as follows:

Residential Program	$ 7,532,190
Group Residence Program	934,621
Foster Home Program	395,609
Medical/Psychological Program	1,228,496
Expenses on Behalf of Related Parties	865,916
Fund Raising	101,338

Children's Village does not currently have a cash flow problem nor does it operate at an overall deficit. However, government funds do not meet expenses, and the operating budget is supplemented with private funds. Furthermore, all of the specialized programs (the Family Center, Project IMPACT, the W-A-Y Program and Tompkins Cottage) would not be possible without the major support of private donations. The most pressing expenditures at the Village are related to upkeep of the physical plant. Public funds do not cover most capital improvements (except through depreciation). Most of the Village's physical plant is nearly 75 years old and needs attention. Such capital improvements must be funded out of private resources. Although Children's Village has received grants or other private contributions and made many repairs, there are many more that must be made. In the last two years, the Village has received foundation grants for some capital improvements.

Although the program currently has a stable financial condition, the overwhelming dependence on state funds can cause problems. Therefore, major efforts have gone into diversifying referral and funding sources. An Investment for the 80s, launched in 1983, is an ambitious attempt to raise 3.3 million dollars for vital capital, program and endowment needs. At the same time, the program staff is working hard to build a donor base through prospect mailing, general public information (newsletters), and media exposure. Because of these efforts, Children's Village has received donations from nearly twice as many individuals than they did in 1981.

ADVOCACY

Advocacy is a major goal of Children's Village and, for the last five years, the agency has taken a leadership role in trying to articulate the needs of children to legislators, social service administrators, government officials and the general public. Thus, the work of the agency over the last couple of years, has been:

- to communicate a positive image of Children's Village and the foster care system (especially of residential treatment centers);
- to fight for adequate funding for children's programs;
- to move toward the development of a reasonable method of public accountability that ensures quality care for children and respects institutional autonomy.

On behalf of the Village, the executive director has officially commented on proposed legislation and delivered public testimony; spoken extensively at local civic organizations, churches, the Rotary Club, etc; and had an editorial published in the New York Times. She has also served on a variety of committees and boards that have the potential to influence policy, for example, the New York City contract negotiations committee and the Citizens' Committee for Children.

In the spring of 1980, the Volunteer Council president and the volunteer director developed the Children's Village Legislative Committee. This Committee is currently comprised of volunteers, staff, board members, and members of the community. The Committee has grown in sophistication over the years and participated in many activities including:

- studying and commenting on federal and state legislation that has impact on Children's Village - type youth and their families;
- sponsoring letter writing campaigns to city, state, and national officials (parents of boys, staff and volunteers sent hundreds of letters and signed petitions);
- arranging tours of the campus for numerous state and city legislators, judges and government officials, and often having small forums with these visitors;

- visiting state and city legislators to lobby for/against various bills and legislation;
- establishing a reference library on legislative information that is maintained in the volunteer office.

In more recent years, the Committee has also focused on educating and undertaking activities with parents. With cooperation of the Board of Elections, for example, the Committee registered 55 parents to vote at a booth at the Annual Children's Village Circus. The units have also begun to sponsor educational meetings for parents about becoming more effective in acquiring services for themselves and their children.

Finally, as a part of the advocacy effort, a new committee comprised entirely of volunteers has taken on the task of bringing the Children's Village story into proper focus within the local community. Their first endeavor was to get area educators to see the Village and thus correct their misunderstandings. By all accounts this was a clear success. This effort on the part of the volunteers is part of an overall plan to put Children's Village in a positive and visible light through the ambassadorship of its volunteers.

RESEARCH/EVIDENCE OF EFFICACY

For the past 15 years, Children's Village has conducted research under the auspices of the Research and Evaluation Council, comprised of an interdisciplinary group of members. In the past, the committee was chaired by the director of psychology. In the last year, the Village hired a full-time director of research (partially grant-supported). However, it has long been the tradition at Children's Village that any new program be submitted to the Research and Evaluation Council first, and that council determines whether the projects fit with the agency's overall philosophy and whether the evaluation component is valid. The director of research is in the process of stimulating new research from a wider variety of individuals. Currently, each psychology intern is required to conduct one research project within their year of tenure at the Village. Other research projects may be conducted by anyone on staff. At the present time, the research unit is involved in several activities, including:

- the longitudinal study of the boys in the W-A-Y Program;
- the evaluation of the Children's Village family training program for staff; and,
- the evaluation of the child abuse prevention study.

The research and evaluation program at Children's Village seems to be quite effective. As previously mentioned, the child abuse project has been evaluated and appears to be quite effective; the W-A-Y program also has a built in evaluation component. At Children's Village, 76 percent of the children return home and are discharged within the regulated 24 month period.

The Village also sends a questionnaire, annually, to the parents of discharged boys that asks about their child's community adjustment. The results of the follow-up of boys discharged in 1980 indicated that more than two-thirds of them were readjusting well--their family relationships were much improved, their school attendance and conduct were satisfactory and they have stayed out of trouble. Most of the boys' parents (85 percent) stated that they believed that the Children's Village helped their children during the time they were in residence. The Children's Village is seeking foundation support to expand its follow-up efforts and develop a more comprehensive program in this area.

PROGRAM NEEDS AND FUTURE PLANS

The administrators at Children's Village are very excited about the expansion and growth of program options over the last few years. A program that had become rather static and traditional has been improved considerably with the development of a philosophy that stresses a continuum of care and emphasizes the important role of the family in the treatment process. The W-A-Y Program, the Family Center and the Tompkins Cottage program have all been attempts to better meet the needs of the boys at Children's Village and their families.

As noted earlier, the renovation of the physical plant is one of the most pressing needs of the Village at this time. The Greenburgh Eleven School needs additional space and many of the campus buildings need improvements to maintain life and safety codes. Most of these renovations are dependent on private donations and funding sources, so administrative staff have spent considerable efforts in diversifying funding for its programs and services.

Also noted earlier, was the problem the program now has with foster care discharge regulations promulgated by the state. This becomes an increasingly important issue as more children come to the Village with serious emotional problems. Almost one-third of all admissions are now boys with serious emotional disturbances that require longer-term intensive interventions. These children have often been through the gamut of community-based placements and Children's Village is often one of the few alternatives to psychiatric hospitalization. In order to better meet the needs of these seriously emotionally disturbed children, the Village has been involved in negotiations with the New York State Office of Mental Health (OMH) to develop a residential treatment facility (RTF) on its campus. Although the program would not be that dissimilar from the Tompkins Cottage program, it would be funded by OMH. The RTF is intended to provide acutely disturbed boys with a comprehensive program of psychotherapy, special education and group living experiences. Renovation of one of the buildings has already begun, and the RTF is projected to open at the end of August, 1985.

GUIDANCE

For others attempting to develop a comprehensive program such as that offered by the Village, the administrators and staff commented on a number of factors that they found to be extremely important. These include:

- the establishment of a therapeutic milieu that provides a consistent, structured and nurturant environment so that each child's capacity for trust and growth of self-esteem is enhanced;
- an emphasis on the importance of family in the child's life and in the therapeutic treatment process;

- a program that recognizes all the needs of children -- physical, emotional, educational, recreational, social, spiritual and work-related. This includes the need to include work-related activities that enforces the youngster's value system and enhances feelings of mastery and competence;
- a staff that is dedicated, flexible and committed to the team approach to treatment and to the overall philosophy of the program;
- and, the need to develop effective community linkages and advocacy efforts on behalf of these youths and for these types of programs.

LAD LAKE INC.

P.O. Box 158
Dousman, Wisconsin 53118

OVERVIEW

Lad Lake Inc. is a residential treatment center licensed by the State of Wisconsin to serve 65 males between the ages of seven to 18. This non-profit, private organization also provides other services in a continuum of care including a therapeutic foster care program (seven treatment foster homes); a home and community treatment program (Lad Lake staff begins to work with the resident's family during the child's stay at Lad Lake); an independent living skills unit (for 16 youngsters reaching the age of 19); a family based residential treatment program; and a certified outpatient psychotherapy clinic. In addition, vocational and technical training, on-grounds employment, off-grounds subsidized employment and independent living skills training are offered. The Lad Lake treatment facility is located on 366 wooded acres, with two lakes, on Waukesha County Highway C in a rural area near Dousman.

HISTORY OF PROGRAM

Lad Lake Inc. was initially incorporated in 1902 as a dairy operation -- "The Wisconsin Home and Farm School" -- for "destitute, homeless and orphan boys". In 1951 it became a treatment facility and was given the name, "Lad Lake". The first social worker and psychiatric consultant were employed in 1954. The following three decades witnessed tremendous changes in residential practices. Lad Lake began to provide aftercare services to residents in 1975. An evaluation study demonstrated that the rate of success for Lad Lake graduates increased by 15 percent with the follow-up program.

In 1980, Lad Lake staff developed a proposal for short-term residential placement as a part of a continuum of care for troubled youth. This program began in 1982 as a demonstration and was rapidly followed by the implementation of the therapeutic foster care program in 1983. Since

January of 1984, the concept of family-centered residential treatment has been applied to all Lad Lake residents.

CLIENT POPULATION

The population referred to Lad Lake is that of males between the ages of seven to 18 with presenting DSM III. diagnoses of conduct disorders, adjustment disorders, substance use disorders, attention deficit disorders, and anxiety disorders of childhood and adolescence. Typically, youth who function within the trainable range of mental retardation (below 60 IQ), who have a history of serious assaultive behavior, who require major tranquilizers, or who need extensive vocational rehabilitation would not be deemed appropriate for Lad Lake.

Lad Lake serves the nearby counties of Milwaukee, Dane and Waukesha, as well as other counties in the State of Wisconsin. The program also has an interstate agreement with the State of Illinois to ensure provision of services to nearby Illinois residents. (In Fiscal Year 1984, 15 boys were referred from the State of Illinois).

Social services agencies, juvenile justice agencies, and the public schools are the most frequent referral sources for Lad Lake and there is usually no waiting list for admission. Both referral agencies and Lad Lake staff report referrals of an older client population (this seems to be a trend statewide) and a more "disturbed" population (psychological and emotional disturbances, use of drugs, repeated offenses) as compared to previous years. Referrals seem to be seasonal with lows in the summer and winter months and highs in the spring and fall months. The average length of stay is less than a year for about 70 percent of the residents and over one year for the remaining 30 percent. Again, staff and referral agencies concur that the overall length of stay has shortened over the years for Lad Lake residents.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

Lad Lake has an ecological multifaceted treatment approach offering treatment settings along a continuum of care concept. This approach recognizes the source of the disturbance as the interface between the child and his environment. Since the child belongs to a system, it is believed that change in any part of the system will have an impact on the child. Therefore, the Lad Lake philosophical orientation places as much emphasis on environmental assessment as on individual assessment.

Inherent in this perspective is the belief that residential programs need to be tailored to the special needs of the children and families they serve. Central to this process is the family as an equal partner in treatment. Residential care functions as a family support system rather than a substitute parent. The goal of treatment is to improve the problem-solving capability of the family and identified patient to effect reintegration into the community as soon as possible. According to program staff, parents are the greatest undeveloped resource for residential care, and child care staff are the greatest untapped resource for parents. Thus two key program concepts are derived from the above statements: work largely with the family and provide a continuum of care.

The concept of family-centered treatment permeates Lad Lake's approach to working with families. The concept of family-centered treatment recognizes that individual youth may no longer need highly structured residential congregate living, but may continue to need extensive treatment and to learn socialization and family living skills. Family-centered treatment provides the youth with a short-term (not to exceed six months) intensive treatment experience. The goals of treatment are preparatory to the discharge plan. The emotional equilibrium and expression essential to productive family living is emphasized during this sequence. Specially trained family care specialists provide role modeling to the residents and effective parenting skills for their families. This not only helps the immediate nuclear family to solve problems more effectively but also teaches parenting skills to the youth who may become parents, thus assisting them to break a cycle of ineffective parenting. Lad Lake's model of family-centered residential treatment derives its roots from residential and special foster care. Although it borrows from both, it is a treatment entity unto itself that is more effective than either for a particular youth.

Close relationships with families are assured through geographic proximity. Regionalism across the state is a core concept espoused by the board, executive staff and direct care staff. Work with the family is also assured even if the distance between home and Lad Lake is a problem. Families are encouraged to seek help from a therapist in their city of residence. The therapist at Lad Lake will coordinate the therapy for the resident with the family therapist. At regular intervals, the two therapists will hold joint sessions or collaborate with each other around issues that arise. Family involvement is also ensured through home visits on the weekends, regularly scheduled parent support groups, bi-weekly meetings at Lad Lake with family, son and therapist, 24-hour phone call availability, and the home and community treatment program. These pro-active family outreach activities are described in greater detail elsewhere.

The concept of a continuum of care is evident in the Lad Lake approach and can be seen in the array of services available to Lad Lake residents: residential treatment center, treatment foster homes, independent living skills unit, home and community treatment, an outpatient psychotherapy clinic, partial or full mainstreaming in the public school systems, and cooperative agreement with a community-based vocational technical school. Lad Lake staff perceive a continuum of care wherein a single agency supervises the treatment flow from one service component to another as being highly preferable to a continuum which involves several agencies. The reason for this is that one small multidisciplinary team of professionals can be assigned to manage and supervise the youth and family throughout the movement from one treatment phase to another. This provides the powerful continuity of relationship which is so critical to the trust investment of youth and their families. Under such arrangements, the cost of services can be much more efficient while no compromises are made to treatment effectiveness.

It is the objective of Lad Lake Inc. to foster a consistency among the total staff as to the philosophy of treatment. Involved in this objective is a recognition that each staff person is of equal importance in the therapeutic milieu. Skills are different but every contribution is viewed as being important. Staff must believe that regardless of their position or their particular job assignment they may be the one person in the life of a given resident who becomes critical to the trust and growth of that particular resident. Therefore, all staff are involved in the treatment design and implementation under the supervision of the five M.S.W. therapists. In Lad Lake's treatment design, it is understood that staff and residents will grow together. If the resident can inspire change in a staff person, he affirms his own human dignity.

THE PROGRAM

Intake Procedures

Each of the major referral agencies for Lad Lake seems to have a different process by which candidates are admitted to its various programs. The Department of Social Services holds weekly placement meetings at the county level. Based on the recommendation, a referral packet is submitted to Lad Lake (social history, psychological evaluation, IEP, medical information, etc.). Usually an intake meeting is scheduled within two weeks of receipt of referral materials.

Upon receipt of the referral packet from a referring agency, the director of treatment services examines the records. He evaluates what would best benefit the candidate in terms of the team's expertise, therapist expertise, age of the other residents, and particular problems exhibited by the candidate. The intake interview is then scheduled. Participants include the youth, his family, the referral agency, as well as any community professionals involved with the youth. The director of treatment services assigns a living unit and a therapist to the candidate. Pre-placement activities include a tour of Lad Lake with the child and his family, and a presentation of the program.

Prior to the youth's move to the residential unit, an interdisciplinary team completes a diagnostic interview with the child. Within 30 days after admission, an individual treatment plan is drafted. It includes input from the therapist, the unit staff, the family, the referral agency, the school staff and the psychiatric consultant.

Youth who are deemed unlikely to benefit from Lad Lake's program are provided with further recommendations for alternative treatment. Between January and October 1984, 66 referrals were made to Lad Lake; only seven were found to be inappropriate. Referral agencies noted the fact that Lad Lake had a good screening program and that staff members were very straight forward and honest about the youth they felt would not be appropriate for the program.

Residential Component

The Lad Lake residential treatment center is organized into five living units: the Badger Unit serving those between 11 and 14 years old; the Westwood Unit for boys between the ages of 14 and 16; and the Lakeview and Cottage Units for adolescents age 16 to 18. An independent living skills unit was added in March 1985 and is designed to provide independent living skills training for youth ages 16½ through 18. Each unit is assigned a therapist, a child care supervisor, and child care staff. The staff to client ratio is 1:6 during waking hours. An average of twelve boys live in each unit.

Each of the units has a child care supervisor to whom the child care workers are directly accountable. These five supervisors are accountable to the director of unit living. In each of the units the therapist acts as a consultant in matters concerning the clinical treatment of the child. The therapist is responsible for seeing that diagnostic data and treatment plans are completed and reviewed at the appropriate times. The therapist is also responsible for implementing and facilitating the plan, as well as for monitoring the progress of the residents assigned to him/her. Included in this assignment is the task of ascertaining home and community resources that will assist the child and his family in their coping efforts. Efforts are made to integrate these resources, i.e., school, court, police, extended family, volunteers, etc. into the treatment plan.

Educational Component

The boys attend school, during the week, either on-grounds or off grounds. Lad Lake boys who are unable to attend local public or parochial schools are enrolled in the on-grounds educational facility, Lakewood School. Lakewood School provides a secure and success-oriented atmosphere wherein boys can receive the help they need to return to their community schools. Lakewood operates year round and is recognized by the Wisconsin Department of Public Instruction as an accredited non-public high school for grades nine through twelve.

The Lakewood School provides a comprehensive curriculum in reading, math, language arts, science, social studies, physical education, art, industrial arts, health, agri-business, career development (food service, auto mechanics, welding, metals, computer literacy and basic computer programming). A core of required courses is necessary for graduation in addition to a number of elective courses. Remedial reading and therapeutic programs in speech, art, and physical education are available in addition to Lakewood's traditional curriculum. Vocational education, in combination with actual job experience, is available for boys who will enter the world of work upon discharge. A farm conservation and landscaping class furnishes opportunity to.work with the land and animals, which is a therapeutic as well as educational experience.

The Lakewood School also provides incentives for students to excel. Each month, a "Student of the Month" is nominated based on improvements made in specific areas such as completion of assigned work, positive peer relationships, appropriate school behavior, appropriate grooming, punctuality, etc. The selected candidate receives privileges to be shared with his unit (for example, video games for the whole month) and an amount of money to purchase treats for the unit. Lad Lake staff and students reported this to be a very important and positive program.

Upon each boy's readiness to return to the community public school or vocational training center, the coordinator of special education (liaison between Lakewood and county public schools) meets with the prospective receiving school and plans mainstreaming activities. The decision to involve the boy in an off-grounds educational program is made by the treatment team during periodical treatment reviews.

Recreation Component

Helping boys find satisfying uses for their leisure time is emphasized at Lad Lake. The Lakewood School sponsors extracurricular activities that include a student newspaper and a school athletic program (football, basketball, softball) in which youth compete with other local schools. Lad Lake also employs a full time recreation therapist and two part-time assistants, who offer a long list of activities for the boys to choose from. These include individual and team sports, music, hobbies, crafts, dramatics and spectator events. For example, an outdoor obstacle course is offered that stresses the development of problem-solving facilities and the enhancement of a group spirit. Community facilities such as the YMCA and libraries are also used for recreational activities. Girls from neighboring schools are invited to special sports and social events.

Activities scheduled after school are available to all residents on a semester basis. However, evening activities organized after the meal are earned as privileges for completion of individual goals through the Lad Lake point system.

Behavior Management/Discipline

The point system was developed at Lad Lake by the director of child care about five years ago. It has been modified and adapted on several occasions to better meet the residents' needs. The point system is viewed as a positive behavioral management tool and is used with great flexibility at Lad Lake. Some residents have a daily point sheet, some are evaluated on a weekly basis and some are not involved at all with the point system.

Staff estimates that this system is valuable for about 80 percent of the boys. A point system is tailored to each individual boy's needs. Typically, the older residents are off the point system because "in real life, there is no point sheet".

Generally, a boy carries the point sheet through the day on the unit, at school, and during recreation. A maximum of 50 points per day can be earned. Five levels of privileges are established. On and off grounds privileges, with or without staff supervision, can be earned. Both staff and residents interviewed thought the point system to be effective. It was described as "a barometer by which I can tell how I am doing"and "a way for the boys to know what is expected of them". It should be noted that family visits are not earned by the point system. Point sheets are taken home during weekends and holiday visits, however. Penalties are given residents for absence without leave and drug or alcohol abuses.

The point sheet outlines the target behavior that needs to be worked on by each boy. In addition to this tool, some units use an individual contract with the boy for the completion of unit chores (setting up the table, cleaning up after meals, sweeping the floor, etc.) These chores are viewed as jobs and residents are paid daily for appropriate completion of these tasks. The pay varies according to task difficulty. It must be stressed that all behavior management techniques at Lad Lake are used in a flexible manner, and used as an incentive to promote the ultimate goal of attitudinal change. From unit to unit, child care staff use the tools differently and adapt them to the particular age and needs of their residents.

Clinical Services

Each resident is involved in individual, group, and family therapy. The therapist assigned to each unit sees each child individually once a week plus on an as-needed basis. The child and his family are invited to a joint session with the therapist every other week. Siblings are strongly encouraged to participate. Group therapy on the unit with the twelve boys and the staff occurs on a weekly basis. The focus is on positive peer culture, group process and problem-solving. Staff is perceived as guides, whereas boys are "the provider of answers to one another."

The Daily Routine

A "typical" day for a Lad Lake resident is presented below:

7 a.m.:	Wake up; personal hygiene; breakfast on the unit; chores.
8:30 a.m.:	School begins for three periods.
11:30 - 12:30 p.m.:	Lunch is served on the unit; games and free time activities take place on the unit after lunch; chores are done by assigned residents.
12:50 - 2:30 p.m.	School resumes for two periods.
2:30 - 4:30 p.m.	Residents attend recreational activities, sports, or individual, group or family therapy sessions.
4:30 - 5:00 p.m.:	Residents return to the unit and unwind before dinner.
5:00 - 5:30 p.m.:	Evening meal is served on the unit.
5:30 - 6:00 p.m.:	Quiet time is scheduled for the boys to get ready for the rest of the day or complete chores as assigned.
6:00 - 9:00 p.m.:	Recreational activities on or off-grounds are offered. A canteen is also open for those who stay on campus. Sessions with a boy's therapist can also be scheduled.
9:00 - 10:00 p.m.:	Residents return to the unit for a quiet time, T.V. watching and personal hygiene.
10:00 p.m.:	Bedtime -- residents are encouraged to initiate their own bedtime.

SPECIAL PROGRAMS

- Specialized Foster Care (long-term)

In 1983, Lad Lake began the screening, training, and licensing of five treatment foster homes. The number has now increased to seven families who are licensed to care for one to three boys. Some boys live in the foster care home every day; others visit only on weekends and reside at Lad Lake during the week. Originally designed to be a short term program, foster care treatment has evolved into a long-term placement for youth approaching age 18 and who are unable to return to their own families for a myriad of reasons. It is the objective of the Lad Lake program to offer treatment foster care to residents who are considered to be ready and for whom such care is optimal to the treatment plan goals. Readiness is determined through the joint assessment of therapist, child care staff, school personnel, liaison to the referring agency, psychiatric and psychological consultants, parents and child.

Once a boy has been identified for foster care, his skills and needs are studied in light of available families. Personality styles, age of other family members and available support systems are all a part of the placement considerations. Once the decision has been made to place a boy with a particular family, the foster family visits the boy on the unit at Lad Lake periodically; then weekend visits begin. Vacations can also be scheduled at a later point. These activities prepare the boy and the family for the actual move. Even in foster care the boys may continue to attend Lakewood School or a local public school.

Foster families are recruited through local newspapers, churches, and former Lad Lake staff. Prospective candidates attend a series of three group discussions in which the Lad Lake program philosophy, a description of its residents, and the purpose of therapeutic foster care are presented. Lad Lake licenses the families individually. Problem-solving skills and value orientations are thoroughly examined prior to acceptance as foster families.

Selected families participate in training sessions similar to that provided to child care workers at Lad Lake. In addition, regular in-service programs are provided. The coordinator of the program is the therapist for the boys placed in foster care. The coordinator also provides the link with Lad Lake and supervises the families. Foster parents meet every other week at Lad Lake with the program coordinator. As foster parents, they are entitled to one free weekend each month. Families wishing to terminate their contract with the program are requested to give a 30 day notice.

- Home and Community Treatment (HCT)

Also called the family outreach program and the "6 + 6" project, the Home and Community Treatment (HCT) program began in August, 1984. The initiation of this program came about as a combined result of an in-service training seminar, the child care staff's desire to work with natural families and the support of the director of treatment. Prior to that time, HCT had been used in combination with short term residential care in a small demonstration project entitled "6 + 6" (6 months of residential treatment + 6 months of HCT, instead of the traditional 12 months of residential care). The "6 + 6" project resulted in an approximate savings of $60,000 to Milwaukee County in 1982. Based on the success of this program, the concept of HCT was expanded to include all the units at Lad Lake.

Boys are referred to HCT through treatment plan decisions. Usually residents who are no longer a severe and immediate risk to themselves or to the well-being of the community are referred for HCT. At that point, the youth's behavior is under control and an attitude of confidence exists between the treatment team and the family. The philosophy of HCT emphasizes flexibility and intensity. Families are taught a more efficient problem-solving process through systematic removal of the relational, traditional, emotional and ecosystemic blocks to effective problem resolution. Lad Lake unit staff involved in family outreach activities described some of their tasks as teaching parents behavior management techniques, connecting them with community resources, intervening during crisis and in a preventative manner with siblings, and building trust and support with the family.

Lad Lake staff, in return, gain greater understanding of the child. For example, one boy had many difficulties with personal hygiene; after several home visits, it became clear to staff that his whole family had the same difficulties. Such information can place things in perspective for the unit staff. A child care worker, who was interviewed, stressed the importance of the same person who knows the child on the unit to be involved with that boy's family. HCT, therefore, begins while the boy is on the unit and continues throughout discharge. HCT staff learns more about the boy while the family gains support to follow through with any suggestions made by the therapists. Families are also exposed to practical techniques that have proven to be successful interventions for their son while on the unit.

- The Independent Living Skills Unit (ILSU)

The Independent Living Skills Unit (ILSU) is a demonstration project sponsored by the Milwaukee County Department of Special Services. It began in March of 1985 and serves 16 boys who are 17 years of age or older. The project seeks to address the fact that "a significant number of older adolescents in need of treatment services are being removed from their homes with the expectation that they will not return to it nor to the home of a relative". To address this need, Lad Lake has developed the ILSU program to help the older adolescent transfer from a residential treatment setting to the community. Gradual exposure to the community is believed to ensure a reasonable chance of success. The goal is "to teach each participant the skills needed to achieve economic, social, and personal self-sufficiency appropriate to his needs and abilities."

This goal is expected to be achieved in three phases: (1) evaluation, training and residential living for approximately three months; (2) supervised community-based group living (home located in Milwaukee) for three to six months, and (3) court-approved independent living with supervision by ILSU staff. At the time of the site visit, the coordinator of the ILSU program had been hired and was beginning to recruit his staff.

- Outpatient Clinic

In 1984, Lad Lake obtained a license to operate an outpatient psychiatric clinic. Aftercare services will be provided and costs will be reimbursed by third party payers. It is also hoped that the clinic will also serve a preventative function. Through a referral system from HCT and other agencies, it is hoped that outpatient treatment can be utilized to prevent the need for residential care.

THE STAFF

Lad Lake's staff consists of 50 full-time and 16 part-time personnel including seven full-time social workers, a foster home coordinator, director of the Independent Living Skills Project, 27 child care staff, a consulting psychologist, a consulting psychiatrist, two recreation workers and a school faculty of ten teachers. As noted earlier, underlying the treatment approach at Lad Lake is a concept of the team approach to problem-solving. Staff works in multi-disciplinary teams to effectively intervene with the boys and their families.

Hence, there are numerous occasions for staff to meet and interact, formally and informally. A child care worker on the unit meets weekly in a unit staff meeting, as well as with the group of boys for group therapy. Informal contacts between the child care worker and classroom teachers or therapists occur several times a day. The unit supervisor, in addition to the above, will meet weekly with the director of unit living, and with the therapist assigned to the unit. The classroom teacher also attends the weekly meeting on the units to discuss the boys and there is a weekly faculty meeting to discuss programming issues. In addition to the above, the coordinator of special education meets every week with the director of education. The director of residential treatment meets once a week individually with each therapist, and attends a meeting with the director of education and the executive director on a weekly basis as well.

All staff interviewed pointed out the availability of other staff to discuss client-related issues. In addition, it was observed that administrative staff are not removed from the day to day activities of the residents. For example, the director of unit living spends one-third of his time on the units.

Lad Lake treatment staff are allocated $150-200 per year for in-service activities. Treatment foster parents are allocated $100 per couple on an annual basis. Staff is also encouraged to seek learning experiences individually. A basic child care training is presented to new child care workers (it is modified for new foster treatment parents). Child care workers are required to participate in a certain number of in-service activities in order to move from one level to another on the child care pay scale (there are currently three levels).

Throughout the site visit, it was clear that staff turnover at Lad Lake is very low. It was not uncommon for many of the staff members interviewed to state that they had been at Lad Lake for ten years or more. Staff morale appeared to be very high, with a definite sense of accomplishment and team spirit. Employees seem to be high caliber professionals, with a high energy level and a total commitment to their profession and to the boys. Concerns expressed by the staff about the overall functioning of Lad Lake centered around spreading staff resources too thin. Over the past ten years, four new components have been added to the residential program, all utilizing current staff resources.

INVOLVING FAMILIES

As described earlier, Lad Lake has extensive involvement with families. Central to the work with families at Lad Lake is the notion that parents are part of the solution and not part of the problem. Parental involvement begins during the referral process when families tour the units and are exposed to the program's philosophy. Lad Lake staff stress the fact that parental participation is expected and desired. Parents engage in bi-monthly family therapy, monthly parent support groups, observation on the unit as needed, and in discussions with child care staff in person or over the telephone.

In the HCT program, staff expands on the rapport built on the unit with the family to "move into the family." Staff initiates the contacts and the follow-up calls; they positively try to accommodate the families by providing transportation to Lad Lake or by meeting the parent at work during his/her lunch break if necessary. When boys are referred to a treatment foster home, the natural family is involved in the decision making, the planning, and the monitoring of the situation.

It must be noted that about one half of the boys enrolled at Lad Lake live in single parent families. Three parents were interviewed at Lad Lake during the site visit. One father said that his son was now "taking responsibility for himself and his attitude had changed". This parent has been calling staff once a week to obtain feedback about his son's progress. He has also been attending family therapy every other week. The plan for his 13 year old, upon discharge from Lad Lake, is to live in a foster home before returning to his father's house. This father found that his own attitude had also changed. Another father interviewed had had many experiences with other residential placements for his 16 year old son. He had searched for five years for an appropriate treatment facility. He was extremely pleased with the program at Lad Lake and has been recommending it to other parents and interested agencies. His son has been discharged, but father and son visit Lad Lake once a week for therapy sessions. The father also participates in a parent support group organized by Lad Lake staff. Finally, a mother interviewed expressed her thankfulness to unit staff with whom she can talk about her difficulties and receive needed advice. Her son has been at Lad Lake for approximately four months and communication between mother and son has vastly improved. The mother especially appreciates the 24 hour emergency backup available during weekend visits. She has also found the parent support group very helpful. The plan is for the boy to return home within six to seven months.

Parents interviewed at Lad Lake stressed their positive relationship with staff; the staff's expertise and availability; and, the staff's willingness to assist and advise about disciplinary measures. Parents also found that the recreational activities available were helpful to the resident's morale and that the school staff enabled the boy to feel less resentful about "schools". Throughout these discussions with the family, it was evident that the skills gained at Lad Lake by the boys were replicated in the home through the involvement of parents in the treatment process.

DISCHARGE PLANNING AND CONTINUITY OF CARE

Discharge planning is discussed at Lad Lake at the time of a boy's referral. It can differ, considerably, based on the individual situation and the referral agency. Contingency funds for aftercare are discussed with the referral agency but frequently strong advocacy efforts are needed to ensure adequate follow-up. In the past, Lad Lake staff has offered one of three options: (1) purchase of follow-up services included in the individual contract with the referral agency; (2) follow-up services are covered by the family's private resources or (3) staff provides aftercare at no cost. However, such options did not work well and because of difficulties, Lad Lake has expanded its services to include a continuum of care through therapeutic foster care, HCT, family-based residential treatment, ILSU, and the outpatient clinic. It is hoped that these services will alleviate some of the discharge planning difficulties. However, it must be noted that many of the services mentioned are based at Lad Lake or its immediate surroundings. Staff expressed the desire to provide a "true continuum of services" which would combine Lad Lake's expertise with the flexibility to contract with treatment services in a variety of geographical locations and counties.

Lad Lake's usual discharge options include: (a) direct return to the family with weekly support from Lad Lake staff both at home and at school; (b) transition to a treatment foster family, with school enrollment either at Lad Lake or in the community prior to returning to the original family; (c) placement in therapeutic foster care or family-based residential treatment until age 18 and involvement either in Lakewood School or public school; and (d) ILSU placement for boys approaching 17 with emphasis on daily living skills, vocational training and job placement. Options are selected for individual boys at interdisciplinary team meetings. These occur 30 days after admission and every three to six months thereafter, depending on referral agency policies.

COMMUNITY LINKAGES

Over the past ten years, Lad Lake has drastically increased and improved its linkages with community based agencies. Referrals from the Division of Corrections in the Department of Health and Social Services make up one fifth of Lad Lake's population. The liaison officer interviewed has been working with Lad Lake over the last five years. He reported an excellent working relationship. He also stressed Lad Lake's excellent reputation and the strength of its relationship to local public school systems. The liaison worker monitors the boys' progress through monthly phone calls, interdisciplinary team meetings, and review of written reports from Lad Lake staff. Families, clients, and other referral agencies interviewed also indicated that the agency has a good track record and an excellent reputation.

PROGRAM ADMINISTRATION

Lad Lake is incorporated as a non-profit membership corporation. It is controlled by 75 to 100 members who elect the board of directors. Currently the board is composed of 21 members, representing professionals in the community and in influential management level positions in Milwaukee businesses. Certain organizations have a history of board membership with Lad Lake.

Several working committees meet regularly once or twice a month as needed. The finance committee reviews funds, endorses the budget, and plans for investments. The personnel committee is in charge of personnel policies. The supervision of grounds committee supervises the physical plants and the land. The program committee is invested in the implementation of short-term objectives, whereas the planning committee prepares long-term goals. Finally, the nomination committee recruits new members and staff when needed.

The committees report to the full board every six weeks. Usually about 15 members attend board meetings. Membership longevity on the Lad Lake board averages ten years. Currently the president of the board functions as Lad Lake's lawyer. Board members interviewed stressed the importance of a binding contract between the executive director and the president of the board since the day-to-day operations affect policies and vice-versa. Board members spend about three hours per week in activities related to Lad Lake. Board meetings are not open to the public but Lad Lake staff are invited when particular issues need to be discussed.

The executive director has been at Lad Lake for six years. He expresses a total commitment to the treatment philosophy which focuses on the family, aftercare services, and a continuum of services. He also advocates for a team approach between administrative and clinical staff. Over the years, he has initiated many new programs and gained both board and staff support. The director of treatment, the director of education, the account manager, the executive secretary and the supervisor of maintenance and vocational training report directly to the executive director. These positions compose the administrative structure of the Lad Lake program.

FUNDING AND BUDGETARY ISSUES

Lad Lake's current residential treatment cost is $96.59 a day, or $2,938 a month per client. Almost 100 percent of the costs are covered by the fees charged to the referral agencies, namely the Department of Social Services, Department of Corrections, and Local Educational Agencies in the State of Illinois.

Problems with the current level of funding derive from the uneven flow of resident referrals. Since practically all programs are dependent upon client fees, shifting occupancy levels reflect on financial viability. For example, during the site visit, the daily enrollment was 37 because of end of semester discharges, yet the facility can accommodate 65 boys. Lad Lake staff and referral agencies are all aware of this situation and recommend the availability of funds that will allow more independence and flexibility. Fundraising activities are being considered. The advocacy group linked with Lad Lake is supportive of such ideas and is willing to provide expertise and in-service training to help staff begin fundraising

PROGRAM NEEDS AND FUTURE PLANS

The most pressing need at the time of the site visit, according to staff, was to strengthen the vocational component of the school program. In light of its aging clientele, Lad Lake has taken some measures to better meet the young adult's needs. However, staff desires to provide a continuum of vocational services including career education, vocational training (on and off-site), job development, employment skills, training and a greater community immersion of its vocational component.

Another area of current need is the provision of services to clients involved with alcohol and drug abuse as well as the expansion of prevention activities for other Lad Lake residents. A full-time drug and alcohol abuse counselor has been hired and the thrust of her role seems to be mainly educational. A redefinition and expansion of her role should evolve with time and better identification of the boys' needs in this area.

Strengthening the evaluation component of Lad Lake's program is also viewed by staff as particularly important, especially with accreditation as a long-term goal. Staff has been studying various research methods and behavior rating tools for evaluation purposes. Lad Lake is also planning to expand its computerized activities to include program evaluation and research.

GUIDANCE

Managerial and direct care staff interviewed at Lad Lake indicated several important factors in making a program for severely emotionally disturbed adolescents work. The number one criteria is a "qualified" staff, at all levels, meaning persons committed to the program and the boys, trained, educated, experienced and willing to take risks and try new ideas. The second component of a successful program is an "active" board whose interest is very close to that of the staff and whose policies and administrative decisions are based on improving services to the residents. A third necessity, in a successful program, is a strong philosophy of treatment services. This philosophy should be well-defined and understood

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Staff had the following advice for those interested in developing similar programs:

(1) expect resistance from families and plan around it;

(2) in creating new programs, take things slowly and do not think of yourself as an expert. Rather, view your work as problem-solving and be willing to explore many different solutions.

(3) in managing and supporting staff, stress open communication among all professionals as well as team work, peer supervision and high professional expectations.

WHITAKER SCHOOL
K Street
Butner, North Carolina 27509

OVERVIEW

The Whitaker School is a publicly funded residential treatment program located on the grounds of the John Ulmstead State Hospital in Butner, North Carolina. The school occupies a wing of one of the hospital's buildings, and the space has been renovated to render it more conducive for residential and educational purposes. It includes residential units, classrooms and recreational areas. The facility serves 24 very seriously disturbed, multi-handicapped adolescents (16 males and eight females) and is operated by the Division of Mental Health/Mental Retardation/Substance Abuse Services. All admissions are planned by regional screening committees and are subject to judicial review as specified by the North Carolina General Statutes.

HISTORY OF PROGRAM

The Whitaker School was developed as an alternative treatment program to serve adolescents needing mental health treatment but who had not been successfully served in more traditional existing programs. The development of the Whitaker School is directly related to the 1979 "Willie M." class action suit brought against North Carolina's Governor, State Budget Officer, Secretary of the Department of Human Resources, the Chairman of the North Carolina State Board of Education, the Superintendent of the North Carolina Department of Public Instruction and others. This class action suit claimed that four minors had been denied the appropriate treatment and education that were rightfully theirs under a series of federal and state laws. The findings in the case were reviewed and in October 1980, the court ruled in favor of the plaintiffs.

When North Carolina mental health personnel studied the problem with "Willie M." class youngsters, they found that these youth had experienced a series of unsuccessful foster home placements and treatment programs. The failure of previous placements seemed to be due to: (1) long standing emotional problems complicated by other psychological, neurological, intellectual or educational secondary handicaps that affect socialization and the ability to maximally benefit from other treatment programs; (2) the lack of linkages, that is, the lack of planned, coordinated movement through the various services or service systems necessary when many agencies may share the responsibility for the child; and (3) the difficulty of the students forming trusting relationships and the seeming severity and unpredictability of their aggressive behavior. The study identified the need for a non-medical alternative adolescent residential treatment program as one type of facility not available in the state.

CLIENT POPULATION

The client population for the Whitaker School very much corresponds with the definition of Willie M. children, since a majority of its clients are considered a part of the "Willie M." class. These youth have been defined as those who are under the age of 18 and:

- who are emotionally, neurologically, or mentally handicapped; and
- whose disorders are accompanied by violent or assaultive behavior; and
- who are: (a) now involuntarily institutionalized or involuntarily placed in residential facilities, or (b) whose condition[*] requires such involuntary institutionalization or placement.

Over 1,000 youth between the ages of four and 18 have been certified as "Willie M." class members. To date, three-fourths of the kids admitted to Whitaker have been "Willie M." kids and over 60 percent have had involvement with the court system.

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[*] In North Carolina, all children admitted to mental health treatment programs/facilities are considered as involuntary clients, as they do not volunteer themselves, but are admitted under the advice of parents, guardians or other court commitment.

The Whitaker School accepts youth between the ages of 13 and 18 years. At the time of the site visit, the majority of youngsters (65 percent) were ages 16 or 17; the rest were ages 13 to 15. As noted earlier, Whitaker has a census of 16 boys and eight girls. Since opening, the youth reflect the Willie M. class racial breakdowns -- approximately 52 percent were black; the rest were white. The girls seemed to be more predominantly black or other minority. The youngsters at Whitaker are those that have already drained their community and the state of scarce resources by virtue of their numerous, unsuccessful placements in detention centers, training schools, jails, psychiatric hospitals, residential treatment centers, special education programs, foster homes and group homes, to name only a few of the programs that have failed with this population and/or discharged them precipitously. Many have been refused admission to treatment programs based on their history of violent behavior. The typical youth at Whitaker has had five to ten placements in a four-year period. Most of these kids receive DSM III diagnoses of conduct disorders, attention deficit disorders, disorders of impulse control, affective disorders and adjustment disorders.

These youngsters come from all over the state, many of them from very rural areas. It goes without saying that many of these youth have not been able to stay in regular public schools, although in educability, they range from those who are mildly retarded to those within the normal intelligence range. However, many are usually far behind their grade levels. They require small classrooms with one-to-one attention from teachers.

For the most part, these youth are not from intact families or even stabilized foster homes. Of the 24 children in residence at the time of the site visit, only three or four had intact families; of these families, only one was cooperative with the Whitaker School treatment process. Eighteen to 20 of the youth are in DHS custody, and are usually in some type of foster care environment. Oftentimes, the Whitaker treatment plan involves independent placements (group homes, apartments) for those youth who are in their late teens. The majority of youth (75 percent) stay at Whitaker anywhere from 13 months to two years; 15 percent have an average length of stay from seven months to one year; five percent stay over two years and five percent stay less than six months.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The program at the Whitaker School is based on the Re-ED philosophy first developed by Nicholas Hobbs and others at George Peabody College for Teachers in Nashville, Tennessee. Re-ED stands for the reeducation of emotionally disturbed children and youth. It is predicated on a systems theory base; the treatment model derived is based less on the concept of intra-psychic conflict as the source of emotional disturbance and more on a definition of emotional conflict that derives from both interpersonal conflicts and systems level or service delivery defects. From an ecological perspective, emotional disturbance is not something in the person but surfaces when one or more key components (agencies or individual) in a child's ecosystem cannot tolerate the discord in the system and labels the child as needing treatment. Treatment principles that reduce the level of discord of the whole system derive from this conceptual framework and are as follows:*

(1) that life is to be lived now, not in the past, and lived in the future only as a present challenge;

(2) that time is an ally, working on the side of growth in a period of development when life has a tremendous forward thrust;

(3) that trust between child and adult is essential, the foundation on which all other principles rest, the glue that holds teaching and learning together, the beginning point for reeducation;

(4) that competence makes a difference and that children and adolescents should be helped to be good at something, and especially at school work;

(5) that symptoms can and should be controlled by direct address, and not by an uncovering therapy;

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*Hobbs, Nicholas. The Troubled and Troubling Child, Jossey-Bass, San Francisco, 1982.

(6) that cognitive control can be taught and children and adolescents helped to manage their own behavior without the development of psychodynamic insight;

(7) that feelings should be nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed, and explored with trusted others;

(8) that the group is very important to young people, and that it can be a major source of instruction in growing up;

(9) that ceremony and ritual give order, stability, and confidence to children and adolescents whose lives are often in considerable disarray;

(10) that the body is the armature of the self, the physical self around which the psychological self is constructed;

(11) that communities are important for children and youth but they need help in learning the uses of community; and, finally,

(12) that, in growing up, a child should know some joy in each day and look forward to some joyous event for the morrow.

The Whitaker School focus modifies the traditional, individual/group treatment approaches by directly addressing the client's basic need for control and freedom to make choices, to belong and be cared for, and by the addition of a liaison treatment component to support a total ecological treatment model. The sense of control is fostered by allowing the student to designate an individual teacher/counselor (who may be any staff member with whom a youngster is comfortable). There is also an emphasis on cognitive control in concrete, situation-specific, problem-solving group sessions. A guarantee of success based on continuously revised expectations and support is accompanied by increasing levels of responsibility which must be earned in order to be maintained.

Not only does the acutely disturbed child need an increased capacity to control, modulate, label and interpret affect, he/she needs increased ability to order and organize the outside world in order to meet his/her needs. Because of the extensive disturbance of the Whitaker School population, ego and superego repair and strengthening are insufficient for treatment success without adequate community-based, systems-level support. Treatment outcome for this population also depends on the availability of home/community resources to build a network of services to meet the youth's individual needs of the family during and following the youth's stay at the Whitaker School.

This twofold program begins with the mobilization of community resources in the student's home community as soon as an individual is identified for enrollment, continues throughout his/her stay at the school, and must be in place and active for successful discharge. Each student's comprehensive reeducation plan (CRP) includes an ecology enablement section that outlines the student's community needs, potential resources and resource persons; thus, part of the treatment plan evolves, grows and changes as the student's needs become apparent and the services and their providers are identified. The ability of a community to provide services and supports is as important as the individual's behavior in determining when and how successfully a youth can return to his/her home community. The capacity and commitment of a residential program to mobilize, coordinate and create services and programs designed to meet the unique needs of an individual child constitute the uniqueness and a large part of the success of the Whitaker School treatment program in returning the most disturbed adolescents to their own communities.

THE PROGRAM

Intake Procedures

Unlike most programs, Whitaker School administrators choose not to have direct control over admissions to the program. Rather, North Carolina has been divided into four mental health regions. Each of these four regions has an allocation of six beds (four for boys and two for girls). Referrals to the program originate in local mental health agencies and are prioritized by committees in the four regions. All enrollments are planned voluntary admissions with periodic judicial review under Chapter XXII of the Mental Health Statutes. The committees that control admissions are made up of eight to ten mental health and related professionals; these committees are often referred to as "hard-to-place" (children) committees. The committee for each region meets once a month and basically decides which children will come to Whitaker. The advantages of involving community-based professionals and delegating admissions decisions to a regional committee are:

- community professionals have a significantly increased level of accountability in the process and act as a buffer for the institutions;
- more descriptive data is usually obtained to base admission decisions on;
- committee control over admissions is directly related to support in mobilizing community resources for discharge since there are no admissions possible without discharges among the regions six beds;
- a greater degree of trust and openness is developed between Whitaker School and community agencies which is crucial to a maximum effort in adapting existing community resources or developing new resources for an individual student; and
- referrals cannot languish on a long waiting list receiving no services under the guise of a forthcoming admission to Whitaker School, as the committees can clearly project admissions.

Some regions, on occasion, have a greater demand for Whitaker slots than others. In these cases, one region can work out a trade with another region; this allows for some flexibility and assures that youth do not wait in one area while a slot is unfilled from another region. It is the responsibility of the liaison teacher/counselor to assure that no youth comes to the Whitaker School simply because there are not more appropriate resources in the community; students come to Whitaker School because it has been ascertained that that level of treatment and intensity is needed and therapeutically appropriate.

When the local committee elects to send a youth to Whitaker, the regional liaison teacher/counselor completes the intake process. This liaison is responsible for collecting all past records and information on the youngster. Mental health, juvenile justice and social services all initiate referrals which then go to the local mental health clinic and then to the regional committee. The liaison person usually talks to involved personnel in the referring agency. Every community understands that when a youth is sent to the Whitaker School, they become responsible for developing the necessary community resources that the child will need in place upon discharge. No youth is placed at Whitaker without an expectation or goal of returning to the community.

During the first 30 days of enrollment, treatment is guided by an Assessment Treatment Plan. During the assessment period, the teacher/counselor staff review historical information, interview significant adults in the youth's home and community, complete formal and informal diagnostic and behavioral evaluations and observe the student in a variety of individual and group tasks. After this thorough assessment process, the treatment team, composed of day, evening and weekend staff, liaison teacher/counselors, and consultations from Whitaker School support staff, write the Comprehensive Reeducation Plan (CRP).

The CRP includes:

1. Individual Treatment Plan: Seven clusters of behaviors are routinely addressed in the ITP (Aggression, Impulsivity, Stress Management, Social Relationships, Social Conventions, Self Concept and Independent Living).
2. Individual Education Plan: All academic content areas are addressed, but the Whitaker School focus is primarily in remedial language arts and math, and vocational education.
3. Ecology Enablement Plan: Focuses on community issues that will need to be addressed, community resources and services that will need to be identified or developed, adults that will need to be involved in the community tenure of the youth.

Each section of the CRP includes the following components:

- a prose statement of the current level of performance;
- a list of objectives that need to be directly addressed based on current performance levels;
- a projection of the program strategy to be used in the reeducation process if known;

- a method for evaluation of change during treatment; and
- a place to record data and comments following treatment.

The CRP is reviewed at regular intervals and modified or revised as the youth meets goals or reveals additional problems. Every eight weeks, two to four objectives are chosen from each of the three components of the CRP, written on a data collection sheet -- "Breakout Plan" -- and then posted in the school and residential program areas for completion.

Residential Component

The residential program at Whitaker is divided into three locked units of eight children each; two units for boys and one for girls. The units are locked as much to keep others out as to keep the children within. Each unit has a name -- the girls are known as the Angel Flowers; the boys belong to either the Champions or Explorers unit. Each unit's dormitory has a big kitchen and living room area, and six youth share bedrooms and two have singles. Each unit prepares 95 percent of its own meals, with food bought from a local supermarket. Several times a week, the units get to choose a place to eat out and have a recreational activity in Butner or Durham. Some activities are contingent upon a group meeting its goal; some outings are contingent upon thorough pre-planning and supervisory approval of plans; but most activites are considered part of the regular treatment plan.

The residential treatment component depends on the expertise of highly motivated and trained direct care staff consisting of a master's level special education teacher and an aide per unit on each of three shifts -- the day shift, the evening shift and the weekend shift. Eleven aides are divided between a weekday overnight shift and a weekend overnight shift. All staff involved with the unit are considered as the treatment team and there are written logs and close communication between the staff on various shifts.

The residential program utilizes the following treatment techniques/ strategies in maximizing student potential:

- Structured Environment: The students and staff in each group plan their time through a series of planning meetings. The teacher/counselor staff assure that the group assumes responsibility for all mandatory tasks and guide the group members input on how to use their discretionary time. Each group prepares a weekly schedule of how they intend to spend their time.

- Feedback System: Each group at the Whitaker School has a point and level system that follows traditional behavior modification principles. The point and level system builds on the predictability established in the structured environment. Points are awarded in 15 or 30 minute intervals for the following behaviors: 1) following directions; 2) speaking nicely; 3) being on task. The points are then used to assess the student for a level system of privileges for the following day. The highest level allows the students a degree of autonomy over their mobility and choice of activities. The lower levels provide more structure and limits on the student's choices. The most restrictive level is called "off level" and is invoked for serious, usually unlawful acts, and may include additional restrictions imposed or privileges withheld based on a "suspension of trust" of that student.

- Groups: There are three treatment groups at the Whitaker School, two boys' groups and one girls' group. Each group of eight students and their respective teacher/counselors remain together for almost all their tasks, responsibilities and discretionary times. As a group, the students and staff plan their time, select specific behavioral goals for individual members to work on with help and feedback from the group, evaluate their group schedule and individual and group goal attainment and solve problems that effect the positive forward movement of the group. Each group has a name, logs, rituals, rules, and eventually, a history of events that create a feeling and spirit of togetherness and mutual responsibility.

- Interventions: Some deficits or interfering behaviors are idiosyncratic to the individual, very sensitive and personal, or so ingrained that an expanded highly detailed procedure must be developed to guide the entire staff's efforts in helping the student gain increased skill in a specific area. In this case, the treatment team takes the short-term objective and writes an expanded detailed plan of how all staff will intervene in each and every incident of that behavior.

- Counseling: The Whitaker School is educationally-based and a great deal of learning occurs through talking to students as problems arise and need solutions, in addition to structured and on-going individual and group discussions. Students rarely participate in pre-scheduled insight-oriented counseling sessions in a staff member's office that is used solely for that purpose. Rather, discussion sessions happen when and wherever a problem arises that the staff or student or group decide needs talking

> about. Most discussions follow a problem-solving model where the problem is identified, a variety of possible solutions generated, the short and long range consequences of various solutions explored, a solution selected, implemented and later evaluated. As discharge plans are made the program has the capacity to identify a "primary therapist" who might begin meeting with an individual in prescheduled sessions in an attempt to teach the student to make use of future outpatient services.

The students also are assigned necessary dormitory chores daily or weekly on posted charts. These chores must be completed for the group to gain access to program vehicles and some special activities.

The residential component is set up to provide a warm and nurturant environment that has a well-established and consistent structure, with some flexibility for the individual needs of the child. The weekend staff come in for seven hours on Thursday and work through Sunday morning. They attend meetings with other staff on Thursday so that they can be kept aware of how each youth has behaved during the week or can be briefed on any youth having problems or needing special attention. All weekend staff are also teachers or teacher aides. However, visits home are part of the treatment plan and after the first month, most youth go home for weekends at least once a month. Home visits may be to natural parents, foster parents, other relatives or a group home to which the youth is attached. Parents and other relatives are also encouraged to arrange a visit at Whitaker throughout the week.

Educational Component

The classrooms at Whitaker are in a wing separate from the dormitories. Each classroom has a lead teacher/counselor and a junior teacher/counselor (aide). The school also has one senior and one junior teacher/counselor "rover". These are staff that may substitute for the teacher or handle individual adolescents who are having problems. Rovers also spend time looking for educational materials for teachers and students. All instruction is individualized, based on the student's skill level. School hours are 8:30 a.m. to noon and from 1:00 p.m. to 2:30 p.m. Again, a behavioral modification point system is utilized; students earn points each day and may use the points they earn on the following day. Some youth may receive the highest level of points (Heisman, Rose or Astronaut level, depending on the group) and choose a reward that may include the omission of one school subject, an appointment to meet with a member of the staff for some activity, a period to listen to music, an extra ten-minute break or a chance to walk over to the Vocational Rehabilitation building with another student. The youth gets to choose the reward he/she desires. While the site visitor was there, one student chose to use his points to have an appointment with the director for a game of billiards.

The educational staff also meet in daily meetings with the residential staff to integrate information about each student's behavior and day in school. The school area very much resembles any regular school environment. Occasionally, the entry to the classrooms is also locked, dependent on the needs of a particular day.

The students also participate in physical activities. A few of these activities are held in the gymnasium in another area of the state hospital; most utilize community resources for recreational activities. In addition, there are asphalt basketball courts; a grass field for softball and volley ball; student-constructed play equipment; and, a wooded area outside the building for more informal physical activities.

Clinical Services

As noted earlier, the Whitaker School is educationally-based and a great deal of learning occurs through talking to students as problems arise and need solutions, in addition to structured and ongoing individual and group discussions. Therefore, the clinical component of the Whitaker School program is not as traditional as that found in most programs. Although psychologists and psychiatrists are hired as consultants for the program, they do not provide ongoing therapeutic relationships for these youth. Rather, the psychiatrist and psychologist spend four hours a week each on the site. They are responsible for initial diagnostic evaluation and assessment, for monitoring medication, for court evaluations and for discharge planning. Most youth at Whitaker are not on medication; at the time of the site visit one youth was on medication for seizures and four were receiving psychotropic medication. The consultants are also available on an emergency basis or for consultations with staff or the director. The psychiatric consultant indicated that most of the youth at Whitaker (85 to 90 percent) were not candidates for classical psychotherapeutic interventions. Rather, because they have such difficulty forming relations, they respond better to supportive/directive or free-associative therapies. He felt that the "milieu" at Whitaker was the most important therapeutic ingredient. The program keeps a high level of energy going and makes each child feel "special".

The consultants may also provide in-service training to staff around specific issues. Recently, for example, a youth on one of the units was engaged in tranvestite-type activities; he wanted to grow up and be his mother. This behavior was creating major problems for the youth with other unit boys and with some of the staff. The psychiatrist was asked to provide in-service training to the staff to assist them in dealing with homosexuality and other sexual deviancy issues.

However, the major clinical interventions are those provided by the liaison teacher/counselor. There are three liaison teachers/counselors -- one for each unit. These staff have a multitude of duties. The liaison teacher/counselors meets with the adolescents and staff on the unit each morning, usually to talk about how they are feeling, their goals, and their attitudes about reaching these goals. They also meet with each student individually at least once a week. At this time, the youth may talk about plans, things needed, or any problem areas. When the youth has just returned from a home visit, the liaison teacher/counselor may assist the youth in talking about the home visit and developing a goal for the next home visit. Although the liaison teacher/counselor is assigned by unit, the youth is free to choose anyone else on the staff that he/she wishes to be his/her friend or confidante. This person will then collaborate with the liaison to meet the individual needs of the youth.

At the time of the site visit, one of the girls in the Angel Flowers was pregnant and the site visitor asked the liaison/teacher about sexuality and education. The liaison teacher/counselor noted that "illicit" sex was a major problem area and although the program relies on frequent monitoring (at least every 15 minutes) and structured activities, youth sometimes manage to arrange an unauthorized rendezvous. Boys and girls can arrange to meet with each other for certain supervised time periods. Although there are no formal ongoing sex education classes at Whitaker, teaching staff, the nurse, and consultants are available for individual sexual counseling and information. In addition, sex education issues can also become a focus for group discussions or are developed into a curriculum in the school or residential programs. Sexuality is a major concern of students and many engage in sexual activities when they "run" or when they go home for weekend visits. Further, many of the youth have been sexually active or sexually abused prior to their placement at the Whitaker School. If one of the girls in the program becomes pregnant, the liaison/teacher begins to make plans to find another placement because the program finds that the pregnancy usually creates a fair level of regression and attention-getting behavior in the other students, especially the girls. (This has happened three times in four and one-half years.) The Whitaker School staff has worked out a fairly impressive plan for the girl who was pregnant at the time of the site visit, and was working with her to prepare her for the new placement.

The liaison teacher/counselor is also responsible for working with community people and resources so that they can be mobilized to make future plans for the placement of the youth. Often community resources include family members, DSS staff, Willie M. case managers, school personnel, probation officers and even business persons. Since the liaison teacher/counselor is responsible for the assessment of the youth's ecological system, the position often includes working with parents and encouraging other siblings, if appropriate, to get some type of counseling. The liaison makes home visits and, in cases where a home placement is not possible, tries to find an appropriate foster care or group home placement. The liaison teacher/counselor attends Community Planning Conferences on each youth in the unit every two or three months. These conferences are utilized to assess progress towards meeting the stated ecological system goals in the youth's CRP. This staff person is also responsible for all follow-up after youth are discharged, and is expected to have contact at least once a month for up to a year.

The liaison teacher/counselor often finds that the position calls for being an advocate for the child. These are youth who have very tarnished images in their local communities and have not been able to be handled in a number of different placements. The liaison must motivate community people, overcome negative attitudes and stereotypes, and formulate creative ideas about how best to meet the needs of these youth in community settings. The more successes the program has, the easier it is to change negative attitudes and to engender more optimistic and creative thinking among community people. One of the major problems that liaison teachers/counselors have is the fact that Whitaker School youth come from all over the state, and liaison work often involves extensive travel and the need to learn about the resources in communities across the state.

Behavior Management/Discipline

Frequently, the youth at Whitaker School have long histories of physical aggression and some of this behavior periodically disrupts the routine. Staff are trained to handle these disruptions through a series of interventions. If the youth is being disruptive at school or in the residence, he/she may be given "time-out" in a quiet room or in an isolated corner. The program also maintains seven seclusion rooms to hold youth who become unmanageable. Every staff person takes a course required by the program and the state called the Protective Intervention Course (PIC), which is a systematic method of handling aggression. The staff person learns how to protect the aggressor or self through various techniques. The course is held four hours for four weeks. There is a written and practical test that staff must take. If a staff person does not pass, he/she must go through retraining until successful. Those staff that pass are retested every six months to ensure that their skills are intact. In this course, staff learns how to subdue violent and aggressive youth in a manner that avoids injury to any individual.

Besides aggressive behavior, Whitaker also has to deal with elopements or running. Although the units are locked and individual rooms can be locked, youth still periodically participate in "out-of-the-window" behavior. The staff makes a distinction between this behavior and actually eloping or running. Out-of-the-window behavior usually means that the adolescent runs but does not go very far; in fact, they often do not leave the hospital grounds and usually return on their own volition. When they return from such behavior, the staff tries to provide logical punishments, i.e. locked room, or seclusion, etc. Whenever a youth is placed in seclusion, he/she is carefully monitored by staff and usually spends a limited time in such settings.

Running is a little more serious and, most of the time, youth head for home when they run. In these cases, staff involve local police in apprehending the youth and returning him/her safely to the school. Staff have found that youth are more likely to elope in the first month of stay in the program, and it seems that running usually decreases after that.

Work Opportunities

One of the benefits of being on the state hospital campus is that some students are provided with the opportunity to participate in vocational rehabilitation jobs at an adjacent vocational rehabilitation facility. Several of the girls, for example, work in the laundry room at the hospital. These girls usually attend some classes, but are allowed to work for wages. Occasionally students are also helped to secure jobs in the community while attending Whitaker School.

A full-time vocational education teacher supervises students in woodworking, gardening, masonry and painting projects which are used around the school or occasionally sold to raise money for additional materials. The focus of this component is primarily teaching good work habits and other pre-vocational skills.

Whitaker School also has an in-house store that is operated by the Angel Flowers. The store is open on certain days and sells soap, laundry detergent, toothpaste, deodorant and other personal items that students need. The girls, with staff supervision, participate in sales, inventory and stock replacement, as well as money management. This has been a very successful undertaking thus far.

The Daily Routine

The daily routine of Whitaker begins with breakfast, completion of morning chores, and a morning meeting with the youth on the unit with day staff and the liaison teacher/counselor. At these morning meetings, the youth state their goal for the day and give positive feedback to the other youth in the group and/or to a staff member. Everyone then leaves the unit for school, which begins at 8:30 a.m. and continues until noon. At noon, the youngsters return to the residential units for lunch. They prepare and eat lunch. Then they return to the school setting until 2:30 p.m. Around 2:30 - 2:45 p.m., the day teachers and the evening teachers have a team meeting concerning the atmosphere on the unit and the events of the day. The youth are expected to complete their chores or participate in some recreational activity until 4:00 p.m. At 4:00 p.m., a planning meeting is held. This meeting involves all students on the unit and all evening staff. These meetings are used to discuss the events of the day and to plan for the evening or a special activity.

If the unit is eating in, preparation for dinner begins and dinner is served around 6:00 p.m. After the dinner chores are completed, a number of activities are available including a T.V. or VCR movie, or going to the recreational room to play billiards and ping pong, or in-dorm activities such as card games. At least one night a week, the activity is educational in nature. For example, the Angel Flowers are reading books and giving book reports to the other girls; the boys may read newspapers about current events and discuss these in their groups. The adolescents have a half hour of free time after the planned activity to watch T.V. or have a smoking break. Then, there is a snack and an evaluation meeting. Students then prepare for bed and are expected to retire at 10:00 p.m. on weekdays.

The weekends are less strenuous, but also have structured activities and some educational components. Each unit also has one special activity a week, if the group goal is met. This may include a movie or dinner in town.

INVOLVING FAMILIES

As noted earlier, the liaison teacher/counselor works strenously to involve families in the treatment process. However, many of these children are in the custody of the state and involving families is sometimes quite difficult. The liaison often engages family members only after great persistence. The liaison calls the family members periodically to let them know how their child is progressing; they often make home visits or encourage the family to visit at Whitaker. Families are also responsible for providing allowance money to their children while they are in residence at Whitaker. The family is also involved with other community personnel in attempting to develop appropriate community resources for the youngster. However, it should be noted that oftentimes independent living or some type of foster placement may be viewed as the most appropriate setting for the child upon leaving Whitaker. But, even in such instances, the relationships must still be worked out with the youth's natural family members.

STAFFING AND PROGRAM ADMINISTRATION

The staffing pattern at Whitaker reflects the Re-ED philosophy in the use of special education teachers as the primary staff. The teachers are involved in every aspect of the program including residential supervision, classroom teaching and liaison with parents and community agencies. Teachers are also hired for the night and weekend shifts. There are principally two levels of teacher/counselors -- those with a North Carolina Special Education teaching certificate (senior teacher/counselors) and those with a high school diploma and one year's experience working with children (junior teacher/counselors or aides).

At present, Whitaker employs twelve teachers with at least a masters degree; eight teachers with at least a bachelor's degree; and 22 teacher aides. In addition, the staff includes a full-time registered nurse, who is available during the weekdays to dispense medication and take care of other physical problems; a full-time recreation teacher/counselor and a full-time vocational teacher/counselor. As noted earlier, a psychiatrist and psychologist consult with the program four hours each per week. Two of the liaison teacher/counselors have social work degrees in addition to educational certification.

The administrative staff of the program includes the director, two assistant directors and three clerical staff. In addition, there is a supervisor available for each residential shift. The program also has a maintenance person who is primarily responsible for the classrooms, recreational and office areas of the facility. The maintenance person assists in teaching vocational rehabilitation skills to interested youth. At the present time the program has 52 staff (including overnight staff) for its 24 youth.

In order to function most effectively, staff must be very flexible and adaptable. There are certain types of people who best fit into such an intense, highly structured and extremely demanding program. Selection of staff becomes a very critical component. The director stated that in order to make a Whitaker School work, one needed a staff that was one-third superstars, i.e. those with creative ideas as well as total commitment; one-third worker bees, i.e. those that were hardworking and committed; and one-third just "regular" employers. Therefore, there are certain characteristics that most members of the staff must have and these include: intelligence, positive attitudes and enthusiasm; self-confidence; a genuine caring for kids; a sense of humor; the ability to give and take feedback; good organizational skills; and, a set of beliefs that are basically compatible with the philosophy of the program.

Over the last year or so, Whitaker School has had a major turnover in staff and administrators. However, at the time of the site visit, the staffing was fairly stable. At least 15 members of the current staff have been at Whitaker since its inception, so there is a strong core of very experienced personnel. Other staff, although relatively new, seem to be quite enthusiastic about the program and mentioned the satisfaction derived from working in a close-knit team. The major problem in staffing has been with the overnight shift. This shift has consisted entirely of junior-level people and many of them have not worked out well. It is not so much that they are incompetent, but that the relative isolation has led them to either give in to the youth or challenge and abuse them. However, the administrator is attempting to develop greater incentives in the system for this group, as well as integrate them more closely with staff on the other shifts. Some of these changes seem to be working and this staff has become more stable over the last five months.

The need to create more levels of responsibility and more incentives for staff is an issue that is being carefully explored at Whitaker School. The staff works extremely hard and seems to enjoy their jobs and the adolescents. One change to be made is a four-day work week for classroom teachers, so that they can spend the breakfast period with the youngsters. These, and other such changes, are expected to provide incentives to staff as well as increase the effectiveness of the program for the youth.

COMMUNITY LINKAGES

As mentioned throughout, community linkages are a critical component of the philosophical underpinning and therapeutic interventions at Whitaker. Not only are local community committees responsible for all admissions into the school, they are actively engaged in the ongoing process to meet the needs of the child once he/she is discharged from Whitaker. The work of the liaison teacher/counselor is critical to this process and much of the success of the program depends upon constant and ongoing communication with, and identification of, community persons and resources.

DISCHARGE PLANNING/CONTINUITY OF CARE

The community linkages process is directly related to discharge planning and continuity of care. By the time a youth is ready to be discharged from Whitaker, a plan for future placements and activities, agreed upon with the appropriate community agencies, is expected to be in place. It is the task of the liaison teacher/counselor to maintain contact and follow-up on the implementation of the discharge plan. Each child is ideally seen or contacted by the liaison each month for at least a year. The liaison also meets with the family and others with some responsibility for implementing various aspects of the discharge plan. Liaison teacher/counselors report these activities as among the more difficult parts of their jobs since they are often extremely busy and have many demands made on their time. Often, follow-up is relegated to a lower priority than the more immediate concerns of current Whitaker residents. However, despite some slippage, the Whitaker School has one of the most vigorous aftercare components of any of the programs site-visited.

FUNDING AND BUDGET

Whitaker School is funded by the state through a legislative appropriation. The daily rate is approximately $145.00 per day, which includes all expenses. In aggregate, the cost per year, per child averages around $56,000. Although this may be viewed as somewhat expensive, it should be kept in mind that this is the most difficult adolescent population in the state; that it would cost far more to treat them in a more medically-oriented program due to staffing patterns; and that the residential rate is very low at Whitaker.

A comparison of costs of Whitaker School and a state hospital adolescent inpatient unit was made, which verified the lower cost per child per day at the Whitaker School for treatment and education. The comparison items included both direct and indirect costs for treatment and education. Total cost per client day for treatment and education for the adolescent hospital inpatient unit was approximately $190.00. The major difference in cost appeared to be due to the higher salary level of psychiatric and nursing staff in the hospital unit.

Another important factor in the cost of the Whitaker School is that of maintaining the liaison function. The excellent level of liaison that Whitaker School staff provide are approximately twelve percent of the expenses. A part of the reason that the liaison component is such a large portion of the budget, compared to liaison in other programs, is the fact that the Whitaker School services the whole state and liaison teacher/counselors must do an inordinate amount of traveling to effectively accomplish their goals of placing youth back into a supportive community network.

RESEARCH/EVIDENCE OF EFFICACY

As a part of its program, the Whitaker School has an evaluation plan that is designed to examine individual changes in the youth over time. This plan was developed by an outside consultant at Duke University, with collaboration with the educational diagnostician at Whitaker. Descriptive, case-related data are collected to document the liaison function. As of December, 1984, 64 youngsters had been discharged by Whitaker School. Of that group, 69 percent continue to do well in the community. Twelve youth (19 percent) are in jail or another secure institution. Three youth are in the community, but having a difficult time and three other youth have not yet been located. Nonetheless, the community tenure for these youth is extremely positive. Indeed, community mental health workers have positive reports regarding the Whitaker School's capacity to serve very difficult to manage children and provide positive behavior changes.

Individual measures, including the Peabody Individual Achievement Test (PIAT), Matching Familiar Figures Test (MFFT), Jesness Behavior Rating Scales and the Offer Self-Image Questionnaire, are administered at entry and reassessed at a nine-month interval and at discharge. A nine-month to one year follow-up is also collected. Thus far, individual test scores support the hypothesized positive change in the youngsters. Changes between the inception of treatment and nine treatment months include significant improvement in achievement (PIAT) standard scores, especially on the reading and mathematics subtests. Behavior ratings on the Jesness Scales show positive changes on eight out of 14 scales including hostility, hypersensitivity, inconsiderateness, dependency, alienation, peer reactions, nonconformity and insight. Changes on the Offer Self-Image Questionnaire are usually on the subscales measuring mastery of the external environment and impulse control. Continued improvement is anticipated as formal testing continues over time.

PROGRAM NEEDS AND FUTURE PLANS

The director feels that the program has had a steady history of growth and achievement and has developed a positive reputation in communities throughout North Carolina. However, there are a number of areas that he would like to expand. One of the major areas is more ongoing research about the effectiveness of the program and the type of youth for whom it works best. For example, staff have observed that youngsters with a fourth or fifth grade skill level are likely to show more positive improvement than those with a skill level at the first or second grade. These are the types of program evaluation activities that need to be conducted, so that the program can be improved. The director would, therefore, like to have funding for a research person and a computer.

The other major concern is attracting and retaining good staff. The director would like to reduce overnight staff turnover and provide more incentives to existing staff. He believes that staff does not currently have enough time for planning and other preparatory activities; almost all their time is consumed in direct services. He also feels that there is not enough time to provide adequate staff training and skills development. The management function is also immense, since it is necessary to maintain constant communication across all shifts.

GUIDANCE

Whitaker School is a state-funded residential treatment program on the grounds of a state hospital. Although this could traditionally be a major flaw, the administrators at Whitaker have created an effective therapeutic milieu which is warm, nurturant and personal. The school is self-contained and has been decorated and laid-out to minimize its institutional character. Thus, the Whitaker School offers a model that can assist other states in creatively using resources currently in existence.

Whitaker School, however, is far from a typical state institution. As the director noted, one must have a *model* or *philosophy* to operate an effective program, and the Re-ED philosophy has proven to be the underpinning for this program. The director cautions that no matter what philosophy or model is espoused, it is important that it not just be theoretical, but work in practice. Further, it should be a philosophy that all staff believe in and it should be simple enough for everyone to understand -- staff and youngsters. This creates the stable, consistent environment that is such a crucial element in the treatment of seriously emotionally disturbed youth.

Another major strength and lesson from the Whitaker School program is the mobilization and engagement of the community into the treatment process from the very beginning. This ensures that the placement at Whitaker is never viewed as a dead-end and creates an effective aftercare component that enhances the successful placement of the youngster back into the community environment. It also practically illustrates the importance of understanding that problems are created not only by the youth's behavior but also by the interaction of his ecological system with the youth.

The final ingredient for success, although the most intangible, is a committed and dedicated staff. Although professional degrees are important, there are staff characteristics that go far beyond these. Often, many persons have to be interviewed before the right blend of professionalism, commitment, personality and flexibility can be found.

YOUTH RESIDENTIAL SERVICES
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OVERVIEW

Youth Residential Services (YRS) is a unique program serving severely emotionally disturbed children in the Akron, Ohio area. Created in 1978 by the Summit County Mental Health and Retardation Board, YRS is a non-profit agency consisting of two components, a residential treatment center (RTC) program and a special "Parent Therapist (PT)" family-based treatment program. While YRS is a single agency with a centralized administration and an overall treatment approach and philosophy that cuts across both programs, the RTC and the PT program, in fact, operate quite separately.

YRS includes two residential treatment centers (RTCs). One residence, for ten adolescents, is housed in a turn-of-the-century home located in Munroe Falls, a suburban neighborhood. The home, renovated for this purpose, has had multiple uses over the years, including being the site of a restaurant. Most of the children living in the residence seem well versed in and proud of its interesting history. The second center, for ten latency aged children, is located on the campus of Andersen Village in Springfield township, another neighboring suburb of Akron. Andersen Village, considered to be innovative in its day, is a campus-like environment of ranch type houses nestled among trees, which was used to provide institutional care for children who were wards of the state. Most of the homes are no longer being used since treatment and service concepts have changed. YRS currently rents the facility from the Children's Services Board and the county.

The Parent Therapist program is modeled after a program developed by the Chedoke-McMaster Child and Family Centre of Hamilton, Ontario. The program is designed to serve as an alternative to residential treatment for severely emotionally disturbed youth. Couples or parent therapists, selected by the program, provide a temporary home and residential milieu for a child placed with them. They are trained to deal with the specific emotional and behavioral problems of the child in their care and play a major role in implementing the treatment plan involving the child. Currently there are about 20 children living with parent therapists.

HISTORY OF THE PROGRAM

The creation of YRS stemmed from a perceived need in the community for community-based residential care for severely emotionally disturbed children. Summit County has a well-regarded child guidance center, which provides outpatient services, and a state hospital facility, Sagamore Hills, which serves an acutely ill juvenile population requiring hospitalization. But, no intermediate type of resource was available. An initial proposal submitted by the child guidance center to the Summit County Mental Health and Mental Retardation Board ultimately resulted in the creation of a new agency, Youth Residential Services. Some capital came from a State Department of Mental Health grant.

YRS' efforts began six years ago with the development of the Monroe Falls Residential Treatment Center. However, due to numerous setbacks involving the architects, the contractors, the various licensing bodies, the schools, and the state and local mental health departments, the first center did not actually become operational until 1981. The director of YRS indicated that she and her board never fully anticipated or realized all the roadblocks that could occur along the way; otherwise they probably never would have embarked on such an undertaking. However, the experience and knowledge gained was invaluable in setting up the second residence in 1983. The Parent Therapist program also encountered difficulties in getting underway. Even though it was not conceived as a foster care program, it became mired down in many of the bureaucratic requirements for foster care. Despite these obstacles, it was through the Parent Therapist program that the first YRS children were placed in 1980.

CLIENT POPULATION

Children served by YRS range in age from five to 19 years and include both boys and girls. YRS' board of directors has purposely established no age criteria but, as indicated previously, the RTCs are designed for different age groupings, one serving adolescents and the other latency aged children. At the time of the site visit most of the children in the adolescent residence were in their early teens, around 13 or 14 years old. In the PT program approximately 60 percent of the youths were twelve to 15 years of age, 28 percent were ages six to eleven, and ten percent were 16 to 17 years old. Only a very small percentage of the children in the program were from a minority group.

The types of youth served by the program are varied. If there is a common denominator, it is that the children in YRS usually come from families unable to meet their needs; these youth have a history of presenting problems to parents, schools and other caregivers. Another distinguishing factor is that 98 percent of the children admitted into the program have families that they will be returning to; hence there is a heavy programmatic emphasis (discussed in more detail later) on working with parents and other family members.

The diagnoses of the children are mixed. The most prevalent diagnoses are attention deficits and conduct disorders. Other frequent diagnoses are adjustment disorders, affective disorders and disorders of impulse control. Staff feels the program works best for children with conduct and attention deficit disorders, but a wide range of children are placed, including some who are psychotic or retarded. In general, however, children who have severe chemical dependency problems, who are actively homicidal or suicidal, who are current firesetters, and/or who are psychotic are not considered appropriate for YRS placements.

In 1983, 30 children were served in the RTCs and 29 in the PT program. Since its inception, 42 children have been discharged from the RTCs. In the RTC about 75 percent of the children stay about a year. Those children placed in the Parent Therapist program tend to stay slightly longer than a year. Seventy-eight percent of these children have a length of stay from 13 months to two years.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

Although the Parent Therapist program and the Residential Treatment Centers are two quite distinct programs, they are unified by an overall philosophy and approach that characterizes YRS. YRS' approach is to take a severely troubled child out of his/her family structure and replace that structure temporarily with a supportive environment while working with both the child and family. The essence of both programs is to build the child's self-image and demonstrate to children that they are accepted even though their behavior may not be. Treatment is individualized, family and child-focused, and behaviorally-oriented.

YRS operates on the assumption that the emotional disturbance of a child is a dynamic, as opposed to static, concept. Being dynamic implies that the construct of emotional disturbance can be changed, and changed in a positive manner. YRS facilitates such change by trying to eliminate negative behaviors, which have precluded a successful adjustment to family, school and the community, and by providing a consistent and secure environment in which more positive behaviors may be "tried on" and then adapted into each child's personal behavioral repetoire. Both the RTCs and the PT program use a reward-consequence system to modify behavior; however, the RTC program uses a more structured approach.

A child in YRS is never viewed as "the problem", but always seen in the context of a hurting, troubled family system. Therefore, to be truly effective, YRS staff believe that any changes learned by the child while in placement must be transferrable to the child's natural home and community. It is for this reason that the family must be an integral part of the treatment. Children in both the RTCs and in the PT homes return home to their families each weekend so that there can be a carry over of treatment from the new setting to the family. The ultimate goal of YRS is to return the child to his/her family and community.

THE PROGRAMS

Intake Procedures

Although YRS has contracts with the Mental Health and Children Services Board in Summit, as well as the surrounding counties, referrals to the program come from a number of sources including public and private mental health agencies, social service agencies, the juvenile justice system, schools and private therapists. The executive director, who takes the referral, makes an initial decision about whether the child is more appropriate for the RTC or the PT program. However, the supervisor of each program does the actual assessment and clinical work-up.

Each program has its own intake procedures, however, YRS has developed a standard process for formulating treatment plans and tracking the progress of the treatment for children it has accepted. The process took nearly a year to develop and has only recently become fully operational. The treatment plan is also an integral part of the behavioral approach system used at YRS.

When a child is accepted into the program, the parent, with the assistance of the program director for the RTC or the PT program, completes an extensive problem inventory covering the following dimensions of his/her child: intellectual, behavioral, emotional, physical, developmental, responses to situational stress and medication needs. Based on this inventory, in addition to a diagnostic evaluation and staff input, the program supervisor develops a five axis diagnosis and an ITP for the child in the first month of treatment. The parent therapist or child care worker in the RTCs then notes, on a daily basis, the child's progress on a number of parameters for each dimension. For example, under behavior, the parent therapist would note daily whether the child is able to "slow down and relax". Parent therapists and child care workers produce a weekly summary of these checklists every quarter. Then, support staff compile a summary for each child comparing the present quarter with the previous quarter and the percentage of days for which a problem was reported. This comparison is accompanied by a narrative report developed by the child's social worker. The purpose of these tools are to provide feedback on the child's progress to the parent therapists, the child care workers, the natural parents, and the agency's psychologist. This reporting system also provides a basis for revising the treatment plans when they are reviewed quarterly. Since another problem inventory is completed by the natural parents one month after discharge, it also becomes a means to measure program effectiveness.

Parent Therapist Program

As previously mentioned, the Parent Therapist program was modeled after a similar program developed in Ontario, Canada. In setting up the Ohio program YRS staff worked closely with the original program founders. There are currently 27 families[*] serving as parent therapists; over a third of these families have been in the program for more than three years. PTs serve as the primary caregiver to the child placed in their home, providing a warm and caring family environment, acting as parental surrogates, serving as positive role models for children, and implementing a treatment plan. PTs help children interact in normal ways and demonstrate how conflicts in a normal family are handled. They set limits and help children with activities of daily living. The role of the social workers on the YRS staff is to work with the natural family, to serve as a case manager for the child and to provide support and supervision to the PTs through the cluster meetings (described in more detail later). The success of this program, therefore, clearly relates to the quality of the families serving as parent therapists. Thus, a great deal of effort goes into the recruiting, screening, training and support of the PTs. The payoff for this commitment has been truly rewarding for YRS and the children served in the community. From the interviews with PTs and youth conducted at the site visit, the dedication and degree of caring that these families feel for the program and the children put in their charge is evident and very moving.

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[*] Three of these families are presently in a training program.

YRS generally recruits parent therapists through other PTs or through advertising. The criteria to qualify to be a PT are few. A major prerequisite is that the PT couple must include both a father and a mother, and one parent must be predominantly at home. A typical parent therapist is a woman who is not in the work force and whose children are either young or grown. Most PTs are high school graduates rather than college educated couples whose expectations are too often unrealistic for many of the children in the program. As noted earlier, a distinguishing characteristic of all the PTs is their overwhelming dedication. Some are drawn to this experience through a religious commitment or feeling of social responsibility. Some have experienced a personal crisis which allows them to strongly empathize with these children.

Once a couple has indicated interest in becoming a parent therapist they meet with the supervisor of the PT program. After an initial screening, anywhere from 30 to 50 percent of the couples are selected to participate in a training program. Training is conducted biannually. Sessions are held over a nine week period for two hours a week and are oriented toward group problem-solving. This format enables staff to better assess a potential PT's ability and strengths. At the end of the training program, a final interview is scheduled and letters of reference requested. Staff then meet to discuss each applicant. At the completion of this process about five, or approximately half of the families participating in the training group, are selected. PTs must then be licensed; and it is at this juncture that a home visit is made. Most parent therapists usually begin as relief parents, providing an additional step in their training.

Turnover in the PT program is low and enthusiasm seems to be high. Strong agency support for the PTs is given credit for producing this spirit. Each PT is part of a cluster of five to six families that meets weekly for a three-hour session. Parent Therapists are paid for attendance at these cluster meetings. The cluster concept is the core of the treatment approach; it provides an extended family and a support group for the PTs. Cluster meetings are described as leaderless, although the social worker assigned to each group facilitates the meetings. At their meetings the PTs talk about each child, discussing problems that have arisen during the week or progress that has been made. The group also discusses different options for handling a situation or members may point out how a parent might deal with a problem differently. Sessions provide an opportunity for crisis intervention. Anger, humor, feelings of inadequacy can be, and are, frequently expressed openly in meetings; these emotions are used in a constructive way to build group cohesiveness and provide support and assistance to PTs. Because of this group cohesiveness, staff try to be careful in appropriately assigning a PT couple to a particular cluster.

Similarly, great care is taken in placing a child with a PT. When a child is accepted into the program, the PT supervisor and two social workers on staff make a tentative assignment. The PT cluster is shown a videotape of the child. Available PTs indicate to their supervisor whether they feel they can work with a child. A preplacement visit is then arranged between the social worker assigned to the child, the natural family and the PT.

The PT is responsible for implementing the treatment plan, helping the child work toward the objectives established and change some of the negative behaviors exhibited. The main goal of each of the PTs is to make the child feel accepted and to help build his or her self-esteem. Like most natural parents, PTs are constantly dealing with testing and limit setting.

Once placed in the parent therapist family, the child participates in that family's activities and routine. PTs are also responsible for arranging the child's placement in school and organizing any social or recreational activities for the child. The activities for the children in the PT program are community-based and are individualized, depending on the needs of the child. The PTs receive funds to cover the cost of these activities ($50 per child per year), plus an additional $125 to cover expenses for activities during the the summer months.

Residential Component

The residential treatment center component is more typical of other residential programs for emotionally disturbed children. The RTCs are designed to provide a warm and comfortable environment. The Munroe Falls home, as mentioned earlier, is a large turn-of-the-century colonial. There's a living room, activity room, big country kitchen and a room for group meetings on the first floor. The bedrooms, a game room and a quiet room are located on the second floor. Generally three to four children are assigned to each room. The rooms are colorful, homey and reflect the interests of their occupants, from rock stars to fast cars. Though the Andersen Village residence is a bit more institutional (for example, the walls are constructed of concrete blocks), it is a sunny and cheery place. The living room and kitchen have a comfortable ambiance and the bedrooms are also decorated by the children.

Child care workers staff three shifts and are the primary therapists for the children. The social work staff, as with the PT program, work predominantly with the natural families as well as staff some of the group activities. The RTC is organized to create an environment that helps children make what staff refer to as "pro-social" decisions. The daily schedule is structured. There's also a heavy emphasis throughout the day on achieving behavioral objectives, and a reward consequence system has been established to reinforce a child's progress in eliminating negative behaviors.

Upon intake the director of the RTC, conducts the initial assessment. All staff are first introduced to the child through a case videotape. As with the PT program, the natural parent completes a problem inventory. That inventory, in conjunction with the child's history, a psychological evaluation and staff input, is used to develop the child's ITP. An important part of the treatment process is helping the child to change those behaviors that are unacceptable. Therefore, each child has a daily point sheet which enables the youth to accumulate (or lose) points for a variety of daily behaviors, such as being on time, using appropriate language, attempting and completing various tasks, and accomplishing certain individualized objectives--for example, obeying rules, following directions and getting along with peers. Objectives are also established for the weekend visits at home, and parents, as well, maintain a check list. By accumulating points for positive behaviors, a child can move to different levels. Depending upon the level they have achieved, children are accorded different privileges. The levels are also used to determine when a child is ready for discharge. In addition, children can earn small cash awards for the house jobs they completed. This cash is given out at the end of the week or can be held in a special account to purchase a special item that the child is interested in. Children are encouraged to save for a long-range reward and delay gratification.

One special feature of the RTC program is that children living in the residences attend a neighborhood school rather than an in-house education program offered by YRS. Though negotiating such an arrangement with the schools was a difficult and lengthy process, YRS staff and board believed strongly that a school-based educational component was a critical element in creating a normal environment for children and in facilitating the process of mainstreaming for these children. Children in the RTCs attend special classes for the behaviorally handicapped. When conducting the site visit, the interviewer met with the teacher of the SBH classroom, as it is called, in Munroe Falls. The strong carryover of YRS' philosophy and the coordination between the RTC and the school were immediately apparent.

Most children have an IEP when they enter the new school. In addition, RTC staff meet with the appropriate school personnel to provide information on each child entering the school. The home school is also notified since it is that school district that pays for the child's education once he/she is accepted into the program. The child and his/her family have an opportunity to visit the classroom. In the summer months, the teacher visits the RTC to meet any new children who will be entering the program in the fall. A child care worker on the RTC staff is usually assigned the responsibility to be the school liaison. In that capacity the staff person takes the children to school each morning, communicates any important information to the teacher on how a particular child is feeling or behaving that day (especially if anything unusual is going on), and picks the children up at the end of the school day. RTC staff also serve as intermediaries between the natural parents and the school, communicating with the parents weekly on any special items that their child might need or any particular problems that their child is experiencing.

The classroom in the Munroe Falls School has a capacity for ten full time and two part-time students. At the time of the visit there were only seven children in the class; all were from the residence, although some may also come from the community-at-large. The focus of the program, as described by the teacher, is three-tiered: self-related, peer-related and task-related. The teacher's goals are to enhance a child's self-awareness and self-concept, to enable the child to have a successful school experience (for most, this has never happened until this time), and to ultimately mainstream the child so he or she is attending regular classes. The teacher's efforts are directed at creating a positive one-to-one relationship with the child. Counseling goes on throughout the day. Children also have a daily behavior sheet in school to monitor the individual objectives for each child. The rating for the school day is incorporated in the rating sheet at the RTC, affecting the child's level and privileges at the residence. There are also privileges gained for appropriate behavior at school such as extra breaks, eating in the cafeteria or being mainstreamed.

The daily schedule for children at the RTC is organized around the school day. The second shift, therefore, is the most important since this is the period of time after school and before bed. A typical schedule includes the following activities or events:

- morning activities
- school
- pick up from school
- quiet time to ease the transition from school to the center
- a homework period
- free play time

- a weekly activity (varies)

    Monday - house meeting
    Tuesday - cleaning
    Wednesday - free play
    Thursday - social skills class (directed at learning how to handle disagreements, anger, or stresses in the family)
    Friday - pay call (reward for the week)

- an evening activity (also varies)

    Monday - privilege for the week trip
    Tuesday - arts and crafts
    Wednesday - free time
    Thursday - gym or structured play activity

- lights out at 9:30 p.m.

On weekends, as is the case with the PT program, the children go home. During the summer there are special activities built into the schedule, such as trips to the library, recreational areas, and a nearby lake. There is also a summer school program, which the RTC operates.

Staff keep a log noting each child's activities and mood during every shift. If a child acts out during the day, staff will try to talk and reason with the child. If staff feel it is necessary, physical restraint may be used or the time-out room.

INVOLVING FAMILIES

As has been pointed out throughout this description, extensive work with families is an integral part of YRS' approach. Families are involved from the initial intake visit to six months after the child is discharged from the program, if they wish this follow-up care (many do not, according to staff). Each family, whose child is in placement, makes a commitment to participate in family therapy sessions with a social worker either weekly or every other week. These sessions are used to help improve family functioning, to restructure relationships, and to assist families in maintaining and supporting the gains made by their children. Sessions frequently focus on developing goals and objectives, problem solving and/or reviewing how the weekend visit went. Families have a responsibility to be consistent about using the behavioral check list on home visits and this is often a source of discussion in family therapy meetings. Families have close contact with the child care workers and the PTs when they pick up their children on the weekends. Both the PTs and child care workers are encouraged to mingle and talk with the families--to get feedback on the weekend, to compare notes and to give parents tips. This communication is especially important so that children cannot manipulate or play the YRS "parent" against the natural parent. Usually the most successful cases are those where there is a close relationship between the family and the PT or residential staff.

Families also meet in a monthly session with the social worker and the parent therapist to review their child's progress. Once a year, an eight week parenting skills course is offered as an additional support to families. Parents are also included in a variety of program events, such as Christmas festivities, an end of the school year party and graduation.

Although work with families is considered essential, staff and parent therapists, particularly, have often found themselves frustrated with the lack of progress that the natural family makes relative to the child in treatment. Many of the families have multiple problems; as a result, staff find themselves trying to help a child function and be responsible, despite the difficulties of his or her family.

STAFF AND PROGRAM ADMINISTRATION

YRS employs 91 staff. This includes three administrative staff -- the executive director, the supervisor of the Parent Therapist program and the director of the residential treatment center program; four support staff including the business manager; four clinical staff plus a part-time psychologist; 21 child care workers and 27 parent therapist couples. The staff to child ratio in the RTCs is one to three per day shift.

Staff of both the RTC and the PT program function quite separately, conducting their own in-service and independent staff meetings. Although this situation has evolved because each program believed they had separate issues to discuss, there have also been some negative side effects. A self-evaluation led by Cornell University staff, at YRS' request, suggested that efforts be directed at reducing the isolation and separation of the programs and at building staff bonds between the two components.

PTs, and the clinical staff assigned to that program, schedule quarterly staff meetings. The RTC staff hold a house meeting every other week. Staff from all the shifts convene, meeting at a time that varies to accommodate the different shifts. The meetings usually focus on problems with individual children as well as various staff issues, such as understaffing, overstaffing, or power struggles that take place between staff and child. One of the major concerns of the child care workers in the RTCs is upward mobility. Good child care workers are critical to the effectiveness of the treatment program; yet pay is low and there is limited job mobility in a small agency. The RTC director has tried to address this problem by creating new jobs for senior child care workers. For example, each residential unit has a staff person responsible for school liaison and house management functions. Issues to be addressed in in-service training sessions are usually those identified in staff meetings.

Most staff, including the PTs, agreed that there is a strong feeling of commitment to the program despite the relatively low pay and high demands of the job. In fact, staff credited the success of the program to each other and to the staff's overall dedication. Staff turnover has been low, with a number of key staff, i.e. the executive director and the PT director, being on board from the program's beginning. Some of the factors specifically attributed to preventing staff burnout at YRS included: the smallness of the staff, a team approach, good supervision, and the ability of the different staff members and administrators to "clue-in" and be sensitive to each other's feelings and attitudes.

YRS has a board that is actively involved in the administration of the program. A conscious effort has been made to include, on the board, people with expertise that will be valuable to YRS organizationally. As such, members include school personnel, the placement coordinator at the juvenile court, a child psychiatrist, a manager of a bank, a CPA, a job counselor and an attorney. Members are frequently enlisted in using their talents and skills in solving policy problems for the agency. In a meeting set up as part of the site visit, board members identified some of their interests and concerns as well as some of the main areas that they were actively involved in:

- increasing and stabilizing YRS funding;
- marketing;
- educating the community that there are alternatives to treating severely emotionally disturbed children other than the medical model;
- setting up a system to ensure clients' rights; and
- tracking YRS successes.

Administrative and support staff frequently participate in board meetings so they are familiar with board members. From the site visit interviews there appears to be a strong relationship and mutual respect between board members, clinical staff and the agency director.

DISCHARGE PLANNING AND CONTINUITY OF CARE

From the first day, YRS staff work with families so that they will be able to take their children back. The goals and objectives for each child are clearly established in the beginning and the criteria for progressing through the various levels are objectively determined; consequently, a child knows what he needs to accomplish in order to return home. In addition, parents are involved, and are partners, in their child's progress throughout the treatment process.

According to staff it generally takes a child about a year to complete the program. ALOS for both the RTP and the PT program is approximately one year to 15 months. If a child is not ready for discharge during this time span, it usually indicates that there are serious problems to overcome. Frequently, those problems lie with the family. The program does offer six months of aftercare and case management. Aftercare usually consists of a weekly session with the family; however, these services are not often utilized.

YRS is a voluntary program and parents can take their children home at any time. From 1981 to 1984, 16 residents of the RTC program were discharged prior to completing the program. In most cases, parents initiated the withdrawal, despite staff recommendations that the child remain in the program. In a few instances a child was discharged because staff believed no further treatment progress was being made. Separation can be very difficult for the PTs and the children placed in their care; it is especially wrenching for the PTs if they feel the families have not made adequate progress to meet the child's needs. Frequently, however, there is continued contact between the PTs and the child.

Although most children do go back to their natural families, a small percentage are prepared for independent living. For these youth who cannot return to their families or live independently, there are very few adequate alternatives in the community--the major resource being foster care. One of the key problems expressed by the representatives of community agencies, at the time of the site visit, was the absence of a total continuum of care in the community to meet the needs of children at different points in treatment or to serve children whose families are too disturbed to take them home.

COMMUNITY LINKAGES

Since Summit County is a relatively small community, there are close working relationships and linkages between mental health, social services and juvenile justice personnel on a number of different levels. YRS was created because of the concern of a number of agencies that a need was not being met in the community. Many of these agencies, like the child guidance center, the Children Services Board, the state psychiatric facility, and the juvenile court have a strong vested interest in YRS and work closely with the staff on referrals, discharge planning, and various advocacy issues. Some of these agencies are represented on the YRS Board and, in turn YRS' executive director, is an active member of a number of related community boards. YRS also has purchase of service contracts with the Mental Health Board and with the Children's Services Board and, therefore, is accountable to both these agencies.

Once a referral is made and a child is accepted into one of the YRS' programs, contact with the referring agency is usually limited. The one exception is with the Children Services Board. The Children Services Board is usually involved in the monthly review sessions with YRS staff on the progress of each child under its jurisdiction. All feedback to the referring agencies on the placement of the child is written. The PTs and staff of the RTCs maintain close contact with the schools, as was described previously. In addition, the social workers on the staff of both programs play a case manager role and, when required, are in touch with any provider or agency involved with an individual child in YRS.

FUNDING AND BUDGET

YRS' funding comes primarily from contracts with the Summit County Mental Health Board and from the Children Services Board. The agency also "sells" 15 percent of its beds or PT slots to other surrounding counties and, increasingly, this is viewed as a necessary means of enhancing revenue. In addition, families are charged a minimal fee on a sliding scale basis. This financial participation of families is seen as important both from a clinical as well as a budgetary point of view.

In 1983, YRS' revenues totalled approximately $950,000. Sources of revenue and allocation of functional expenses are illustrated in the two figures on the following page. The cost of the PT program, at $378,500 per year, is less than that of the two RTCs. Total PT costs include the salary paid to the PTs for attending the weekly cluster meetings ($8 to $11.50 per hour), a maintenance allowance of $300 per month per child, and $6.50 or $7.50 per day for a food allowance. The hourly wage is a taxable item for the PTs; however, the funds they receive for the maintenance and food allowance are non-taxable. The unit cost per day for the PT program is $64.21. Annually a PT slot costs around $20,000. The total cost of the two centers (20 beds) including administrative overhead, is $574,125: $263,000 goes for direct service personnel and $182,000 for non-personnel costs. The unit cost for the RTC program is $88.90 per day. Annual costs are approximately $30,000 per child.

Figure 1

1983 ACTUAL REVENUES

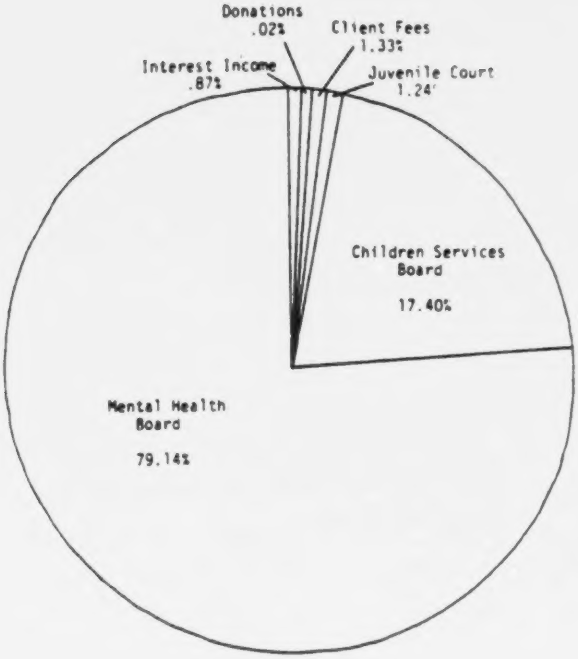
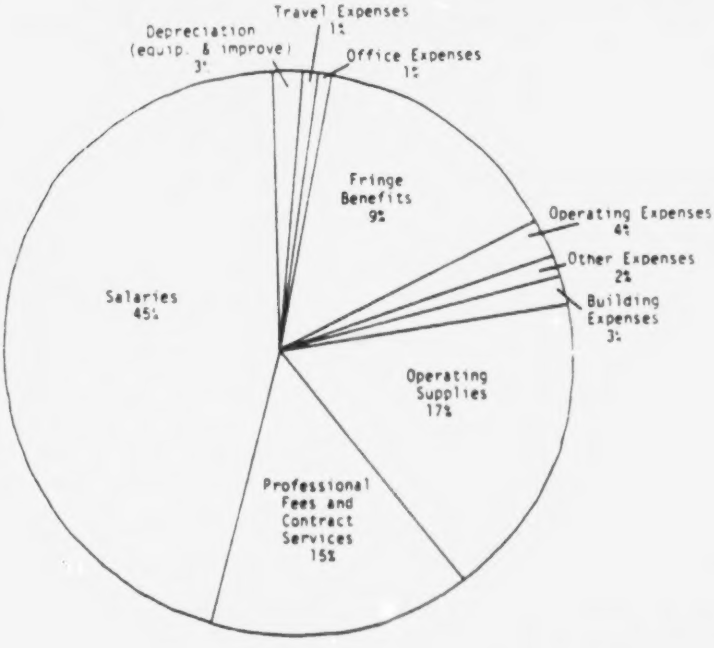


Figure 2

1983 FUNCTIONAL EXPENSES



Stabilizing the budget and generating revenues are a continual struggle for YRS. Each year YRS negotiates a contract with Summit County for services. Yet, despite cost increases the contract amount has stayed essentially the same. This situation has forced YRS to reduce the number of slots/beds to Summit County, and market their services to other counties in order to have full utilization. The organization is also in a financial bind, because it is not reimbursed by county and federal sources for the depreciation on the Munroe Falls residential facility; as a result YRS needs to seek additional resources to recoup these costs.

ADVOCACY

Advocacy is an important part of the executive director's role. The YRS' director estimates that she spends approximately 25 percent of her time in some advocacy capacity, working on issues that are of direct concern to children in her program or those that affect a broader population of children in need. Most of her activity is conducted through a variety of coalitions and organizations in Ohio, such as the NE Ohio Coalition for Children, the Ohio Association of Child Caring Agencies and the Coalition for Children-At-Risk. Major areas of involvement that have demanded her attention, as well as that of other child advocates, have included lobbying for a state budget to adequately fund children's programs, preventing the closure of the local public psychiatric hospital for children, and updating the regulations for the licensure of residential and foster care facilities for children. Most other staff do not have the time to be involved directly in advocacy because of the extensive demands of their jobs.

RESEARCH/EVIDENCE OF EFFICACY

YRS' system for evaluating the progress of children in the program has been evolving since the program's inception. The current method for tracking progress, described in detail in the section on programs, compares a child's progress on a number of different dimensions at entry, quarterly throughout treatment, one month and six months post-discharge. This system has just become fully operational, therefore to date there have not been any results to analyze.

Each year YRS conducts a parent evaluation to determine the degree of parent satisfaction with the program. Parents whose child has been involved in the RTC are asked to respond to nine questions on such topics as their understanding of the program, the helpfulness of the program for their child, behavior improvement at home, the cooperation of and frequency of contact with staff, the living environment and YRS' operational procedures. In the most recent survey the average composite score indicated that parents were "satisfied to completely satisfied". None of the individual nine components evaluated received an average score indicating dissatisfaction. This was true for both centers. The level of satisfaction has also increased over the years. In the Munroe Falls Center, however, the frequency of contact and the cooperation that parents feel, both declined in level of satisfaction from previous years. In the evaluation of the Springfield Center, six out of seven parents responding noted that they are completely satisfied that the program does an effective job in helping their child, yet the lowest overall satisfaction rating was for the behavior improvement seen in their children at home. Staff of the RTCs use these evaluations to make programmatic changes and to modify those areas that warrant improvements.

PROGRAM NEEDS AND FUTURE PLANS

In 1983, YRS opened its second residential center. This growth required considerable adjustment of staff. The agency now views its major goal as stabilization and does not anticipate any additional expansion in the immediate future. YRS' basic program is considered by both staff and board to be sound; as a result, no substantial changes are planned. There are some areas, however, that staff and board members will concentrate on improving. Strengthening the funding base is a critical need. During 1985 the board and staff are in the process of developing a strategic three-year plan to address funding issues including staff salaries, benefits, and developing a career ladder for child care workers. YRS will also be exploring how best to meet the needs of clients with a dual diagnosis, how to work more effectively with families who are severely impaired, and ways to provide aftercare for those older youths who cannot return home.

GUIDANCE

When a program is relatively new and staff on board have been involved in its creation, there's a great deal of enthusiasm and pride in what has been accomplished, sometimes against overwhelming odds. Staff also have the sense that they have learned an enormous amount in the process that they want to share with others. All these characteristics described YRS staff, including the PTs. When asked what makes a program like this work, staff and administration, not surprisingly, both emphasized the critical importance of staff. Some of the factors that they all agreed are important included:

- the positive interaction between staff, between staff and the child, and between staff and the natural families;
- a team work approach that includes multi-disciplinary staff;
- the extensive training and experience of staff;
- open communication between the administrative and the direct care staff;
- the direct involvement of the child care workers and the PTs in treatment; and
- the familiarity of the staff with both the child and the family.

Other factors regarded as important are:

- the smallness of the program, which enables everyone to feel part of a tight knit group;
- the behavior modification approach used by YRS because it holds children accountable for their actions and at the same time is consistent and predictable; and finally,
- family involvement, since the support and growth of families is considered essential to the child's progress.

The hard lessons that YRS Administration and staff have learned during its four years of operation are that it is difficult to run a community-based residential treatment program. If it is to work, everyone must contribute their "blood, sweat and tears" along the way. Roles for staff are demanding. There is frequently no relief and no one can be exempt from any task. There is also a lack of control of some of the major forces in the system that impact on a child, for instance the schools, although YRS believes they have made great strides in this area. Staff admit, however, that these negatives are far outweighed by the positives that they have experienced at YRS.

COMBINED RESIDENTIAL AND DAY TREATMENT PROGRAMS

- REGIONAL INSTITUTE FOR CHILDREN AND ADOLESCENTS (RICA)-ROCKVILLE, MARYLAND
- THE SPURWINK SCHOOL
- TRI-COUNTY YOUTH PROGRAMS, INC.

RESIDENTIAL AND DAY TREATMENT PROGRAMS

Three of the selected programs provide a combination of both residential and day treatment programs. Although there is often an overlap in the populations utilizing both services, some youth may only be involved in the day treatment component(s) of service. The Regional Institute for Children and Adolescents (RICA) in Rockville, Maryland has a unique administrative and funding arrangement, since it is jointly operated by a state department of health and mental hygiene and a county school system. This cosponsorship has special advantages for both programming and treatment. The school staff work with residential and clinical staff on multi-disciplinary teams, providing a strong linkage between the education and treatment components of the program. The educational program of RICA follows the county curriculum, facilitating a youth's return to the community school. RICA represents an excellent example of a program structured to move children and youth into appropriate community settings as they progress. RICA residents are gradually mainstreamed back into their local schools and/or into jobs in the community. Staff are specifically hired to assist in this mainstreaming process. Since RICA offers both residential and day treatment, youth in the program can transition from a residential to a day treatment setting when they and their families are ready. RICA also provides youth with extensive and well-organized vocational training and experience. Another asset of RICA is it strong linkages with community agencies through a number of vehicles including an interagency advisory board, a citizens advisory committee, and a human rights advisory committee.

The Spurwink School in Portland, Maine is one of the few programs that has been effectively replicated in another setting (Providence, Rhode Island). The unique aspects of the Spurwink model are predicated on the emphasis placed on the development of a community-based continuum of care that includes small group homes, therapeutic foster care, day treatment programs and in-home services. Spurwink is also one of the few programs that serves dually-diagnosed youth with mental health and pervasive developmental disabilities. The philosophical roots of Spurwink are grounded in the concept of the "generalist" -- this is a single staff person who is responsible for coordinating the education and treatment program for an individual child and his family. The generalist concept ensures the development of a strong and highly effective case management component, which is another unique aspect of The Spurwink School program.

Tri-County Youth Programs, specifically the Hill Adolescent Center and School, through a creative mix of treatment approaches and an unusually dedicated, talented staff, provide a community-based treatment program for extremely volatile, acting out youth, who would otherwise be in locked settings. Tri-County school, residential and clinical components are closely integrated and provide consistency in carrying out the program's eclectic treatment philosophy. Tri-County is committed to providing a normal, yet nurturing and structured, environment for extremely disturbed youth. It makes extensive use of resources in the community. Tri-County Youth Programs, as an umbrella agency encompassing a number of different programs, is also able to offer a continuum of care, appropriate to a youth's needs. As a youth moves from residential to foster care, he or she can still remain with the same therapist and in the same school setting.

REGIONAL INSTITUTE FOR CHILDREN AND ADOLESCENTS (RICA)-ROCKVILLE, MARYLAND

15000 Broschart Road
Rockville, Maryland 20850

OVERVIEW

The Regional Institute for Children and Adolescents (RICA) Rockville is a residential and day treatment facility that is operated jointly by the State of Maryland's Department of Health and Mental Hygiene and the public school system of Montgomery County. The program has the capacity for 100 day students and 80 residential students. It also offers a special eight bed, 45 to 60 day, evaluation unit for adolescents who have been placed by the juvenile courts of Montgomery and Frederick counties for psychological, educational, social and psychiatric testing as well as for recommerdations for placement.

RICA is located in a facility built in 1980 on a 14.6 acre track of land that was donated to the state by Montgomery County. Co-located on the same site is a general hospital, a private psychiatric hospital, an ambulatory care facility, a long-term care facility and a state-funded 30 bed juvenile detention center. The RICA building is an attractive, one-story brick structure containing a large educational and clinical unit with therapy rooms, professional conference rooms, administrative offices, classrooms, vocational and crafts workshops, a gymnasium, infirmary and dietary services. This central core is interconnected to three cottages, which house the adolescents in the program. Each cottage has three or four units with eight youth in each unit. An outdoor recreational area is adjacent to these buildings.

HISTORY OF PROGRAM

RICA Rockville is patterned after a similar Regional Institute for Children and Adolescents in Baltimore, Maryland. The planning of the Rockville facility took almost ten years before it actually opened. RICA-Rockville grew out of a community concern, especially on the part of the judges, that severely emotionally disturbed children and youth were either being served inadequately in the county or in inappropriate settings. In addition, a great number of adolescents, predominantly male, with severe personality disorders and/or adjustment reactions to adolescence, were being sent out of state. The original planners wanted to establish a program that could bring youth back into the state to be served. There was also a desire, on their part, to involve a broad spectrum of the community and to have the school serve as an integral part of the program. The planning process that ensued was long and highly political, entailing extensive negotiations between various levels of government and community groups. At one point, Montgomery County was going to operate the entire program but was ultimately deterred by cost concerns. Finally, the State Department of Health and Mental Hygiene agreed to run the program in partnership with the County school system.

CLIENT POPULATION

RICA's residential treatment program accepts youth ranging in age from twelve to 20 years old from three Maryland counties -- Montgomery, Frederick and Prince Georges -- all suburbs of Washington, D.C. The day treatment program serves a younger population, six to 20, all of whom are residents of Montgomery County. In both the residential and day treatment program the majority of the youth are twelve to 15 years old. There are approximately four times as many boys in the program as girls.

RICA's population tends to reflect that of the communities from which it draws. Montgomery County is an affluent community; Frederick County is more rural but is undergoing rapid suburbanization, and Prince Georges has a more racially and economically mixed population than its neighbor, Montgomery. About ten percent of the youth in the program are from minority groups.

The program treats youth with a wide range of problems. Virtually all have had previous psychiatric treatment: 88 percent have been in outpatient therapy; 55 percent in special education programs; 38 percent in psychiatric hospitals; and 24 percent in an out-of-state residential treatment facility. Approximately 40 percent of RICA students are court-involved. The pre-admission histories of these youths include:

destruction of property (60 percent); physical assault (53 percent); suicidal ideation, gesture or attempt (35 percent); psychotic behavior (34 percent); delinquent behavior (32 percent); and fire setting (nine percent). In the five years of its operation, RICA's population has changed. Although the primary diagnosis for most youth are conduct disorders, an increasing number of youth are being admitted who have borderline personalities or thought disorders. Although RICA staff state that the program accepts "the toughest cases", staff admit that certain types of youth do not do well at RICA and are screened out: These include those who have an IQ under 70, severe sociopaths, autistic children, and youth who are actively suicidal or psychotic.

OVERALL PHILOSOPHY, GOALS AND TREATMENT APPROACH

RICA's goal is to help children become successful functioning persons. It sees its mission as identifying, treating, and quickly and successfully returning its students to an appropriate family, community, academic or vocational setting. Critical to accomplishing its goals are a therapeutic milieu, educational programs, individual and family therapy, parent involvement and close liaison with the community and the courts. RICA strives to provide a program that is strong in each of these areas. A number of approaches distinguish RICA's treatment philosophy:

- mainstreaming to a less restrictive setting - RICA uses the term mainstreaming to describe the supportive process that it has developed to gradually move a child from the RICA school setting to his or her home school or an appropriate vocational placement.
- transitioning - another aspect of mainstreaming, transitioning involves phasing students back into their home setting with the help of residential counseling and family therapy. Students begin to "transition" home by spending weekends with their families, with the eventual goal of living in their own homes and attending the RICA day program.
- an interdisciplinary team approach - a treatment team consisting of a psychiatrist, clinical therapist, creative services therapist, residential and school staff is assigned to each student and his/her family throughout the stay at RICA. The team develops, implements and monitors a student's total program.

- a level system - students' behavior and progress are monitored and rewarded through the use of a structured behavior management system, referred to as the level system, which establishes short and long-term goals for increasingly appropriate behavior. Each child carries with him a daily interaction sheet (DIS) that is used to rate positive and negative behaviors as well as progress made on individual behavior goals. Points are totalled and can lead to privileges and movement from a base level of 1 to 7. Levels are used to determine when a youth is ready to mainstream.

No one therapeutic or clinical philosophy predominates at RICA. Treatment is individualized but the clinical approach depends on the orientation of the primary therapist.

THE PROGRAM

Intake Procedures

All referrals to RICA, even those from the court, come through the school system, although this system is scheduled to change as of July 1, 1985. After this date, referrals from other sources will come directly to RICA rather than through the school system. Clinical and school staff review all referrals and determine the appropriateness of the child for placement. A formal assessment and diagnostic workup is conducted prior to admission either by RICA's evaluation unit or another facility. When a child is admitted into the program, whether residential or day treatment, each child is assigned to a team. Team leaders designate a primary therapist, who also serves as a case manager for the youth and his/her family during the duration of treatment. The primary therapist meets with the family and the child on the day of admission and orients them to the clinical services, the classroom, and the residence, if the youth is to be involved in residential care. In addition to the primary therapist, the child is also assigned a school and a residential advocate. The first month of treatment is dedicated to obtaining a clinical picture of the child. Within three days, an initial ITP is developed by that child's clinical, school and residential team staff. The ITP is then discussed with the family. The ITP is refined at 15, 30, 45 and 60 days as well as every 60 days thereafter.

Program Components

Programs at RICA are comprehensive and multi-dimensional and include

- day treatment
- residential treatment
- individual, group and family therapy
- creative services therapy
- a fully accredited special education school with both academic and vocational programming

Staff activities, as well as the youths, all pivot around these core treatment services. While a youth spends part of each of his/her day in various activities related to these services components, staff spend their time both directly relating to the child and interrelating with each other in order to integrate the services provided to each child. Consequently, not only does the child have a full schedule of activities, but staff have a full schedule of meetings to operationalize the team approach.

Clinical Services

Clinical services represent one of the critical treatment components of RICA's programming. RICA has four clinical teams, one elementary team and three adolescent teams. Each team consists of six or seven clinicians supervised by a team leader who is a psychologist or a social worker. Each team also has two psychiatric consultants. Psychiatric consultants assist in the development of ITPs and provide ongoing psychiatric consultation to the clinical, residential, and school staff. They also prescribe and monitor all psychotropic medications used at RICA and are available for emergencies on a 24-hour basis. The therapists on the team are each responsible for eight children, from both the residential and day treatment program. Therapists use several treatment modalities in working with these children. Individual therapy is used to establish a relationship between the student and the therapist and to help the youth cope with his or her problems. Because their backgrounds are so different, the therapists at RICA employ a variety of approaches in working with children, including insight, behavioral, problem-solving and play therapy techniques. Primary therapists meet with families, usually weekly, in family therapy sessions which focus on family functioning, communication and the identification of problem areas that interfere with a family's growth and development. Special topic groups and verbal process groups are also offered by the primary therapists as part of the clinical treatment component. Creative service therapists are an integral part of the clinical team. Through art therapy, dance, music therapy, psychodrama, occupational therapy, and therapeutic recreation, students are provided with the opportunity to build self-esteem and to explore feelings and personal issues in nonverbal ways.

Residential Component

The residential program is designed to provide a therapeutic environment 24 hours a day for adolescent students. Students live in three cottages, each housing 24 or 32 youth. The cottages, brick structures clustered together, are divided into three or four living units each accommodating eight teenagers. The main room of the cottage serves as a living room for residents to meet, talk and participate in social activities. The living units are located off of each of these main rooms. Teens double up to share bedrooms that are comfortable and attractive. Each unit also has its own contained living room area for recreational activities and socializing.

Three shifts staff the residences. Staff assigned to the living units communicate daily with the school staff, clinical staff and the residential coordinators; they participate in the development of the ITP and the IEP; monitor the level system; supervise and participate in the students' evening activities; help the student follow the daily schedule; lead unit meetings three times a day; encourage problem-solving and communication; model social integration; and, try to prevent or intervene in a crisis. In addition, each student is assigned a residential staff person from his/her unit as an advocate who focuses on that individual student's progress or lack thereof over time.

The daily schedule of the RICA program attempts to provide a balance of free and structured times, private and social times, activity and rest, accountability and individual responsibility, skill development, and leisure activities. Within each of these areas there is both flexibility to meet the changing individual needs of the students and consistency to ensure a predictable environment.

Evening activities are planned on a monthly basis by the activities coordinator and are implemented by the coordinator and residential staff. All units and cottages join together for these activities designed to meet a variety of interests and needs: physical and skill development, social, cultural, and leisure. In addition, each unit has one evening per month for an activity planned by and limited to that unit.

Education Component

The RICA-Rockville school program operates from 9:30 a.m. to 3:30 p.m.,September through June. It is designed to serve both residential and day students whose needs cannot be met in a regular school or less restrictive, special education setting. The primary emphasis of the school program is a combined focus on academic achievement and social/emotional skills development. Day students receive therapeutic services during school hours while residential students may receive therapeutic services during or after school hours.

The teaching staff for the school program are hired and paid by the Montgomery County school system. Academic instruction follows the Montgomery County curriculum but is individually tailored to meet the needs and the grade level of each student in the program. There are five educational teams: one for elementary students, one for middle school students, two senior high teams, and a vocational team. Each team* consists of one program assistant, one alternative structure teacher, three to four teacher advisors and four to five special education instructional assistants. The program also includes an evaluation unit for eight court-placed students. Additional support staff include science teachers, physical education instructors and a media specialist. Elementary students are grouped by grade and remain with one teacher, although specialists come into the classroom. The middle and senior high students are assigned homerooms. As in a regular school, students move from class to class depending on the subject area. Within 60 days of a child's admittance into the program, a detailed IEP is developed by the homeroom teacher and the teacher advisor, specifying behavioral and academic goals. The IEP is closely coordinated with the ITP. Weekly meetings occur with the clinical and residential staff to coordinate treatment activities and insure that the IEP and the ITP are complementary.

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*Not including the vocational team

A unique aspect of RICA's school program is the process it has developed for mainstreaming its day students into a regular school program. A special staff person, called a "mainstreaming specialist", has been hired by the school system to facilitate this transition. When a youth is ready to mainstream (this is determined in part by the level attained), the mainstream specialist makes contact and appropriate arrangements with personnel in the home school. Students mainstream into regular schools incrementally while still a part of the RICA program by attending classes at a regular school for one or two periods at a time until they have achieved success and can progressively move to a heavier schedule. The role of the mainstream specialist is to support the child and to serve as a liaison between the RICA program staff and the regular school setting. Thus, the mainstream specialist monitors a child's progress in the regular classroom, meets with home school teachers every two weeks, and provides written feedback and evaluation to all RICA staff involved with the child. The specialist also runs a support group for students who are being mainstreamed.

Vocational Program

Vocational placement and the development of job skills are considered to be an integral part of the education and treatment program -- as a way to build self esteem, to teach independent living and to help ensure a successful adjustment to the "real world". Vocational classes are offered to students in food service, business education, industrial arts, offset printing and graphics. Approximately 80 percent of RICA's students are in vocational classes. As part of the mainstreaming process students also hold jobs both on and off campus. When a youth reaches a Level 3, he/she is eligible to work as part of the school program. Various levels of work are available depending upon the youth's progress and interests. In 1983-84, 49 students were placed in part-time jobs and one in a full-time position. Students can work in various jobs on the premises--in the dietary unit, the library, or building maintenance. For their services, students are paid a wage of $2.51 per hour. RICA also has a contract with the county to hire students to assist in grounds maintenance under the supervision of RICA staff.

In addition, opportunities for community internships are made available. Students work as trainees in a variety of settings and capacities, such as service station attendants, apprentices to cabinet makers and other such jobs. If their skills are acceptable, employers agree to hire the students and pay him/her a wage. Recently a new program has been developed county-wide called the "adopt a school" program whereby a business and a school form a partnership. The business provides an opportunity for students to follow or "shadow" some of their employees through their day to learn the nature of their jobs. After this orientation, students can then apply for regular employment with the firm. In this way young people can become informed about different job opportunities that are available. RICA currently has a partnership with two businesses in the area--a social science firm and a brake repair company.

Summer Program

RICA offers an active program in the summer for both residents and day students. Elementary students can attend summer school, while a remediation program is available for other students. Many students have jobs through the vocational program, as described above. Middle and senior high students can also participate in an adventure bound program during the summer months. Throughout the summer RICA youth continue to be involved in group and individual therapy sessions.

Transportation

One of the many supports that RICA can offer its clients, which facilitates the mainstreaming process, is transportation. Both the state and the county subsidize this service. The county provides buses that transport students back and forth from their home-based school to RICA. State funds have also been used to purchase vans that can be used to take students to and from their jobs in the community.

Behavior Management/Discipline

The Daily Interaction Sheet is a critical component for managing behavior at RICA. Privileges or restrictions directly relate to a student's positive or negative behavior. The level a youth has achieved, which is based on positive progress, is one of the major factors in determining a student's readiness to mainstream--a powerful incentive for many students. In cases where certain behaviors cannot be tolerated, such as physical aggression, a student may be penalized with in-school suspension and attendance in an alternative class. Students may also incur restrictions in their residence.

INVOLVING FAMILIES

Parental support and involvement are viewed as essential factors in a child's treatment at RICA. An attempt is made to involve families from the time of admission throughout the treatment process. The majority of the families are in family therapy with their child's primary therapist. Seventy percent of the families are involved in family therapy once a week or bi-weekly; another ten percent once a month. As soon as it is therapeutically recommended, residential students also begin to transition home by extended weekend passes with their families.

Throughout treatment, frequent contact is made with families. A parent newsletter is sent to families. Staff also routinely keep in touch; for instance, parents are always called if a day student fails to attend. Teachers also communicate with families on a regular basis. The Daily Interaction Sheet for both residential and day students goes home with students with comments from staff to the parents. In this way parents keep regularly informed and have an opportunity to respond and comment.

Different teams also establish their own ways of working with families. One team conducts a multiple family group which meets weekly to focus on the child and the family situation. Another team has organized a parent support group which enables parents to provide support to each other and focus on their own issues.

Approximately ten percent of the youth in RICA come from families that are resistant to help. In these cases, other approaches to working with the child may be necessary. Another ten percent have no families.

STAFF AND PROGRAM ADMINISTRATION

Since it is a dually-funded program, RICA has an extensive staff and a more complex administrative structure than many other residential and day treatment programs. RICA has a chief executive officer (CEO) who oversees the administration of the program and a staff of 179 state employees. Reporting to the CEO is a medical director, an assistant superintendent, an associate administrator for nursing services and the principal of the school. The school principal is a Montgomery County employee who supervises 63 educators and an administrative staff of four - all Montgomery County employees. The medical director supervises the psychiatric staff and the staff pediatricians as well as overseeing the clinical component of the program. Reporting to him, is the associate administrator for clinical services who supervises all the team chiefs and the clinical staff, including three expressive therapists. The clinical staff, who serve as primary therapists, include doctoral and masters level psychologists, M.S.W.s, and master's level nurses. The assistant superintendent is responsible for the housekeeping, food service, plant management and purchasing of staff. Reporting to the associate administrator for nursing services are the nursing supervisors for the three cottage halls, the nursing and residential staff and the activities coordinator. Senior administrative staff comprise an executive management group which meets regularly with the CEO on administrative and management issues. The Citizens and Interagency Advisory Boards also provide input to the CEO (These will be discussed more fully in the section on community linkages).

The staff of the program are considered to be one of RICA's strengths. Staff are well-trained and place a high premium on working closely together in a collaborative way. As indicated previously, RICA uses an interdisciplinary team approach, which depends on frequent meetings during the week with all staff involved in the direct treatment of the children in the program. As with any program that involves different components of a treatment approach, there are tensions. One example is the different views of clinical, residental and school staff in dealing with an assaultive child. Staff, however, are open about discussing the conflicting perspectives that they may have. And, staff say, as long as there is a forum for discussion and dialogue, this tension is considered to be healthy and productive.

Because of the level of financial support from the state and from the county, RICA is able to maintain a staff to client ratio of almost one to one. This level of staffing has helped prevent burnout, but staff turnover is relatively high among residential staff because salaries are lower, demands are great, and there is little upward mobility. State salaries for clinical workers are more competitive, and clinicians are able to have a private practice to supplement their incomes.

In-service training and supervision are also considered to be vital means to support staff. Staff receive supervision through team leaders or residential coordinators. The Montgomery County School system provide supervision and training for its personnel.

DISCHARGE PLANNING AND CONTINUITY OF CARE

Discharge planning at RICA starts from the moment a youth enters the program. Mainstreaming and transitioning is the process used to help prepare a youth and his or her family for discharge. When a youth reaches a certain level, he/she moves to a less restrictive setting. Four areas are assessed to determine whether a youth is ready to be mainstreamed: functional skills, behavioral skills, academic skills and overall readiness. All dimensions are rated on a scale of 1 to 5. A student usually has an average of 4 before he/she is ready to be mainstreamed.

In 1983-84, approximately one-third of RICA's population had moved to a less restrictive setting, as indicated below:

	Number of Students
• Students transitioned from residential to day	16
• Students mainstreamed to regular schools part-time	24
• Students mainstreamed to regular schools full-time	13
• Students placed in part-time jobs	49
• Students placed in full-time jobs	1
• Students who graduated in 1984	12

Work with the families, the schools and the vocational placement services are all considered to be critical elements in the discharge planning process. In a small percentage of cases, probably five to ten a year, a youth is discharged because of a lack of success. If a child is away for more than 14 days he/she is dropped from the program. Discharge of court-ordered children, however, can only be accomplished with a court agreement.

The ALOS for a student in the residential program is 297 days and in the day program, 245 days. After discharge no formal therapy is provided to RICA clients. If continued therapy for a child and/or his family is needed, a referral is made to a therapist in the community as part of the discharge plan.

COMMUNITY LINKAGES

RICA considers close liaison with community groups as a key to its success, and it has established a number of vehicles to foster effective working relationships with community groups and agencies. At the time of the site visit, the CEO was in the process of hiring a volunteer coordinator whose responsibilities would include building and maintaining community relations. An Interagency Advisory Board meets every other month to provide input to the CEO, to identify community agency needs and to enhance the interagency communication process. Recent issues have been concerned with the new admissions procedure (opening up the process to other agencies beside the school systems) and the need in the community for a group home for young people who cannot go back to living with their families. Members of that board include representatives from the Montgomery and Prince George's County Public Schools, the Montgomery County Health Department, the Court Diagnostic Team, the Juvenile Services Administration, the Child Welfare Service Intake of the Department of Social Services, the Youth Division of the Montgomery County Police Department, the Division of Children and Youth of the Montgomery County Department of Family Resources, the Maryland State Department of Education and the Montgomery County Medical Center.

A Citizens Advisory Committee, comprised of representatives from state and county government, physicians, parents, et al., meets monthly to advise on such issues as agency accreditation, financing, and expanding public relation efforts. There is also a Human Rights Advisory Committee, made up of concerned community members, former students, parents and advocates. This committee investigates student grievances that are unable to be resolved by internal procedure.

Treatment staff also work closely with a variety of community agencies. Before admitting a youth to RICA, an interagency meeting frequently may be held to determine if the program is appropriate for the child. While a child is participating in RICA, regular reports are provided to the courts and to the schools through the mainstream specialist. Some teams convene any agencies involved with the child to participate in the development of the ITP. And often, case conferences will involve other agencies that have worked with a child.

FUNDING AND BUDGET

RICA's funding base, which results from a partnership of a state department of health and mental health and a large, progressive county school system, is unique and substantial. 1985's budget appropriation for RICA from the State of Maryland was $5,419,501. This included $3.5 million in salaries and wages and $1.9 million in operating expenses. The Montgomery County school system contributed over one million to the program in salaries, wages and direct supplies. Other counties reimbursed Montgomery for students that they referred to the program. In 1985, the annual per capita cost for a residential student was calculated to be $41,054 and for a day student, $25,092. One of the difficulties RICA experiences is that with students transitioning there is not a full census; therefore, the loss of this utilization must be calculated in the budget. Hence, all residential students must be in the program on Tuesdays, Wednesdays and Thursdays.

Each year RICA develops a budget which is submitted to the State Department of Health and Mental Hygiene. It is then subject to the review and approval of the budget committees of the State Legislature where funding is ultimately appropriated.

ADVOCACY

Since the employees of RICA work for the state, their lobbying activities are limited. Staff, however, strongly believe that they are advocates for the children they work with at RICA. Each child, in fact, is assigned a teacher "advocate" and a residential "advocate" as well as a primary therapist.

RESEARCH/EVIDENCE OF EFFICACY

RICA staff believe that its evaluation program is limited and needs to be improved; and steps are underway to accomplish this. RICA does, however, utilize a number of mechanisms to evaluate an individual's progress during his/her involvement with the educational and therapeutic programs and to evaluate the overall effectiveness of the RICA program.

The Achenbach Child Behavior Checklist is a 130-item scale designed to assess behavior as reported by the child's parent(s). The results provide an overview profile of the child's behavior, delineates how the child's problems and competencies cluster, and indicate how the child compares with normal children of his/her age and sex group. This questionnaire is completed at intake, annually while the child is in the program, at discharge, and at one and two years post discharge. Based on the rating of parents, behavior of youth in the RICA program has improved.

The Pupil Observation System is a 41-item questionnaire designed to assess basic skills and behaviors that contribute to the effective individual functioning in school, at home, and in the community. Each student is rated on the extent to which he/she is limited with respect to these skills or behaviors. Ratings are performed at regular intervals throughout the academic year by staff who have worked directly with the students. A student progress report is produced reporting the student's limitations on 15 major skill or behavior areas. According to a composite score for all students, progress was made in all 15 areas.

The Family Assessment Device is a 60 question device which analyzes the family system according to the McMaster Model of Family Functioning. It focuses on seven dimensions of functioning that are seen as having the most impact on the emotional and physical health or problems of family members. The questionnaire which is completed independently by all family members is completed at intake and annually during the student's involvement with the RICA program.

A collaborative study with the University of Maryland is also underway to conduct face-to-face interviews with students up to three years after discharge.

PROGRAM NEEDS AND FUTURE PLANS

RICA does not plan to grow in size because it has a limited licensed bed capacity. According to the CEO, however, there are a number of areas he would like to develop. One area involves the creation of a separate foundation that could raise money to support additional research and education programs. Even without additional funding, though, the CEO and medical director plan to expand their research and evaluation capability through the use of computers, structuring diagnostic interviews and standardizing the evaluation process to track students through treatment and post-discharge.

Another area of concern and involvement is the expansion of state services to develop a continuum of care. Group homes are considered to be a missing link in a system that now offers acute, residential, and two Regional Institutes for Children and Adolescents, which focus on mainstreaming to a less restrictive environment.

GUIDANCE

RICA's success is attributed to a number of factors:

- a multi-disciplinary team approach that emphasizes collaboration, not individual disciplines per se;
- empathic professional staff members who are "conscientious", "verbal", and have a "good sense of humor";
- a competent administrator;
- a treatment approach that focuses on the child, the family and the environment and addresses intrapsychic, family, peer and school problems;
- an approach and setting that is structured and consistent;

- slow, careful and supportive mainstreaming back into the community;
- a knowledge of the type of population that responds best to the program;
- adequate financial support from the state; and
- an excellent and responsive county school system.

THE SPURWINK SCHOOL
899 Riverside Street
Portland, Maine 04103

OVERVIEW

The Spurwink School is a private, non-profit agency that provides a continuum of day and residential services for children, adolescents and adults with emotional and behavioral problems. All programs are community-based with emphasis upon normalized, home-like environments. Spurwink currently serves children, ages six to 20, in multiple sites in Portland and its environs. Once admitted, most children remain at the program for over two years (70 percent).

Spurwink was one of the first organizations in Maine to respond to the needs of autistic children; one of the first organizations to receive funds from LEAA to provide a prevention model for juvenile delinquency; the first private agency to provide education for a severely disturbed adolescent population; the first organization to provide community-based programming for institutionalized, multiply-handicapped young adults; and, one of the first agencies to rapidly move through the bureaucratic process for initiation of mental retardation waiver home services.

In October 1982, the Spurwink School II. was opened in Providence, Rhode Island. This is a residential and special education program for seriously emotionally disturbed children, with an educational and treatment philosophy based on the Maine model. In late 1983, the Spurwink Foundation was established for the purpose of providing financial support to the schools and the concepts of preventative health. In addition, there is Spurwink Associates that owns all the properties and leases them to the school. The focus of this program description will be the Spurwink School in Portland, Maine.

HISTORY OF THE PROGRAM

The Spurwink School was originally started in 1960 with six children, eight to eleven years of age, who suffered from character disorders. These children were paid for through private funds. In 1965, Kaufman House was erected, and the program expanded to include eight children (all under twelve) who were in the custody of the Commonwealth of Massachusetts. In 1970, the school expanded again to accommodate five adolescents from Massachusetts. This was the first group home for emotionally disturbed adolescents. In 1973, the State of Maine closed its children's psychiatric hospital. Six of these children were placed in a new group home (Rackleff Street) operated by Spurwink.

In 1975, the Spurwink School established its first day treatment program. It was established for pre-adjudicated youth under the auspices of an LEAA prevention grant. The program was funded for four years. The State of Maine continued the funding when the grant expired. At the same time, Spurwink established another day treatment program for autistic children with a $60,000 funding grant from the Department of Education. This program has evolved into the Home Training Program.

In 1977, the Spurwink School expanded its residential program to Casco, Maine -- a small country town -- and opened the Edgefield group facility for nine adolescents. The boys living at Edgefield provided a major portion of the renovations to the house as part of their vocational education program. Last year, Spurwink established Otisfield, a therapeutic foster home for those adolescents who needed a transitional facility out of Edgefield.

The most recent activities of the school have included the development of an ICF/MR and mental retardation waiver homes. Spurwink has also affiliated with a private psychiatric institute that recently opened in Maine. The hospital contracted with Spurwink to operate the special education program for adolescents admitted there. This cooperative venture has been very well-received. As noted earlier, Spurwink has established a school in Providence, Rhode Island, with its own board of directors. The school has also considered expansion into other states, and such possibilities are being investigated carefully. The administrators at Spurwink believe they have developed a model that is "replicable" and the experience in Rhode Island has demonstrated this to be true.

CLIENT POPULATION

The Spurwink School treats a broad spectrum of youth; the residential programs are designed for emotionally disturbed children ages five through twelve, and adolescent males through age 20. One day treatment program is designed for psychoneurotic, behaviorally disturbed children. The Home Training Program focuses on severely disturbed youngsters, many of whom are diagnosed with pervasive developmental disorders, autistism, schizophrenia, or other psychoses. Although girls are accepted in the day treatment programs, about 90 percent of the clients are males. Spurwink currently has 130 clients participating in one or more of the programs offered. Medication is rarely used as a part of treatment, with the exception of children with seizure disorders. At the time of the site visit, only six children were receiving any type of medication.

Spurwink handles a broad range of emotionally and behaviorally disturbed children and many of these youth have experienced a succession of failures. These are children who have failed in specialized resource rooms available in public schools and who have not benefited from outpatient services or foster home placements. Many of the youth at Spurwink have been in psychiatric hospitals or institutions for the mentally retarded. By the time the child reaches Spurwink, the dynamics of dysfunctional behavior have become well entrenched. One of the consulting psychiatrists stated that Spurwink "will accept the sickest and most pathological children in the system." Many of the adolescents have character-disorders coupled with learning disabilities, delays in perceptual motor skills and/or severe behavioral problems.

Many of the youth at Spurwink have dual diagnoses. One of the most difficult youth ever served at Spurwink was a 15 year old adolescent suffering from twin handicaps of childhood schizophrenia and profound congenital hearing loss. The youth had been in a state institution since the age of five and his only mode of behavior took the form of violent outbursts. Staff at Spurwink spent six years treating this adolescent, with some measure of success. This case, however, is just one example of the types of clients that Spurwink will accept into its programs. In addition to multiple handicaps, approximately 75 percent of Spurwink's clients have been victims of severe and chronic physical and sexual abuse -- children who have been used by their parents and others as objects of rage and hostility. The average length of stay is now two and a half years because the type of children being admitted are more difficult and have already been through many other community-based efforts and institutions.

There are some youth that Spurwink cannot accept. These include those who are actively homicidal or suicidal, those who are actively abusing alcohol or drugs, and those with severe sensory deficits. However, the school makes every attempt to meet the needs of as many children as possible.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The philosophical base of the Spurwink School was designed to counteract traditional treatment center approaches for children. In the traditional mode, children who evidenced a wide variety of problems were seen by different specialists. Psychotherapists, clinical psychologists, social case workers, teachers, therapists and psychiatrists were all utilized to provide some aspect of the child's treatment. Although the child care and educational components were important parts of the program, those with these responsibilities seldom enjoyed the respect or responsibility of the more "professional" staff. The departmentalized organization of such treatment staffs tended to offer the child a fractionalized, confused, non-integrated service package, thus replicating in the external world the internal disorganization which the child was experiencing.

The Spurwink philosophy seeks to change this fragmented approach to care through the Generalist Model.* This model involves one staff person who is responsible for a client and who becomes accountable for all of the systems that interact with the child's life -- family, school and community. The generalist is the "glue" that holds together the commitments that each of those entities has made to solving the child's problems. The generalist enhances communications, reduces confusion in the child's life, incorporates the interventions of the various clinical, educational, and social consultants into the process of treatment/programming, and maintains a continuity of direction for that child.

At Spurwink, the generalist's functions are many and include:

- developing a meaningful therapeutic relationship with the child. This means developing relationships at some depth so that nurturance can be provided at various levels, depending upon the child's need. The generalist must use whatever channels are available to make the child's feelings accessible. Channels may include playing games with the child or going on a camping trip, taking the child to a doctor's appointment or just getting some ice cream.

- providing individual psychotherapy for the child in a more traditional sense. The generalist will schedule regular times for individual contact and therapy.

- being accessible in crisis situations. The generalist cannot think in terms of a nine to five job, since he/she is the one who is contacted if one of his/her clients are involved.

- formulating and acting as guardian of the child's education and treatment plans. At Spurwink, treatment plans are set up in meetings involving all of those who have contact with the child. Once the treatment plan is conceived, however, it is up to the generalist to see that those plans are carried out in different parts of the program.

- sharing of information from and to other staff. The generalist has primary responsibility for reporting information about the child to staff within Spurwink and to other agencies in the community. The generalist helps to break down hierarchical and professional boundaries. For example, the generalist meets with teachers and child care workers approximately four out of five days each week to review progress or identify problems and to make certain the treatment goals are being met.

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*This discussion is based on a draft chapter of a book entitled, "The Need for Integration: The Generic Residential Treatment Worker (The Generalist)", prepared by Spurwink School staff.

- advocacy for their clients. The generalist is the most knowledgeable person about his/her clients and as such is in the most advantageous position to advocate for each child's needs.
- observing his/her client in the classroom, if there are problems. The generalist often sits in and observes the client, sharing these observations with the teachers so that solutions to the problem are found.
- working with the families of children. The generalist attempts to build a positive relationship, over a period of time, with the parents. To do this, the generalist may visit the family at home, invite the parents to a conference, arrange dinner with them, have parents visit the child's classroom, etc. The generalist assists in providing the parents with a "model" approach to handling various disruptive behaviors of the child. The generalists are also available to parents in times of crisis.

Generalists can come from many different types of backgrounds. Most of the generalists at Spurwink have a Master's degree, and are certified in either special education or social work. Generalists with psychology as a background are also considered; one generalist had a nursing degree. To date, there has been only one generalist without a formal degree, although the administrators believe that one does not have to have a degree to be a good generalist. Currently, there is one teacher who operates as a generalist for a child in her class. Experience in working with children is probably the most important criteria for generalists. Generalists usually have a caseload of no more than six clients. Spurwink has found that the generalist model has offered a useful alternative to traditionally conceived practices and reduces many of the problems often associated with those organizational structures.

Besides the generalist concept, Spurwink's treatment model involves a continuum of care approach. This means offering a series of program alternatives for differentially-diagnosed clients, thus providing the unique opportunity to match specific programs with individual client needs. This continuum provides services without the requirement that the client move to another agency. The program seeks to provide a stable, predictable, consistent pattern of interventions for an unstable or disorganized individual. There is an attempt to provide an atmosphere of basic trust for a child who is and has been unable to develop this quality of life in his earlier years. Thus, the program has an incredibly client-centered system. The child is always "first." Such a basic philosophy always adapts to the needs of clients.

It should be noted that the Spurwink School is wedded to a clinical, psychodynamic understanding of behavior. Although some behavioral techniques are employed, the staff works very hard to conceptualize what behavior is all about. Therefore, the goal is not to turn out youth who learn by "rote" but to increase understanding and the learning of new values. The ultimate goal is to have a child return home and be re-integrated into a community school. The goal for those children with pervasive developmental problems is to maintain optimum levels of attainment--behaviorally and educationally.

THE PROGRAM

Intake Procedures

A child can be referred to Spurwink's residential program by Maine Departments of Human Services, Mental Health & Mental Retardation, and Educational & Cultural Services, or through a local education agency. At the time of the referral, the administrators gather as much information as possible to provide an initial determination about whether Spurwink is an appropriate placement. If it seems that Spurwink is appropriate, the parents are invited to come to the school for a visit. For many families, this is their first experience with residential treatment and they ask many questions. After the initial visit, a psychiatric, psychological and educational evaluation is arranged for the child. The director, teacher and child care supervisor meet with the child, parents and teachers. Thus, the admission process may quite often encompass two or three meetings.

The Spurwink School does not maintain a waiting list for residential care although it receives many more referrals than can be accepted. In these cases, the administrators provide information, assistance and recommendations about other resources to the family or referring agency.

The intake process for day treatment programs is similar, although the referral process is controlled more by the local school districts. The materials on the child are forwarded for review to the social worker at the day treatment program. An interview and observation of the child follows and two interviews are held with the family--one in the home and one in the school setting. The Spurwink School staff try to determine whether the program will be of value. If there are any serious misgivings, the child may be accepted on a provisional basis. At the time of the site visit, there were eight children on the waiting list for day treatment.

For both the residential and day treatment programs at Spurwink, an individual treatment plan is developed for each child. The treatment plans are developed by all the persons having contact with the child, including parents. The plan addresses goals in each affected aspect of the child's life. The treatment plan is developed for six months and is reviewed by the whole team every six months.

At the time of the site visit, the Spurwink administrators stated that they were experiencing an unusually high level of requests for admissions. Over the last six months, the program received 47 referrals beyond capacity to admit. They believe the increased requests for admissions are due to national policies that have cut back funding for early intervention under the mental health block grant and a shrinkage of residential programs in Maine. At one time there were seven residential programs; currently, there are three. Financial difficulties represented one of the major reasons for the closure of the other four programs.

Residential Programs

Spurwink operates two residential treatment programs. A total of 25 boys are served in these programs.

- Riverside

The residential treatment program at Riverside serves 16 (six to twelve years old) emotionally disturbed boys in two living units of eight each. The two houses are in close proximity to each other in Portland and are the original facilities of the Spurwink School (in addition to the administrative offices that are located in the same compound). The houses include not only living quarters for the boys and overnight staff, but also have classroom areas. The children at Riverside often attend classes on-site, but sometimes they attend one of Spurwink's other day treatment programs or even a regular public school.

The children have a regular school day, from 9:00 a.m. to noon and from 1:00 to 3:00 p.m. However, individualized instruction is available and some students have one-on-one tutorials. A cook/housekeeper prepares breakfast and lunch for the children; lunch is the main meal of the day. Child care workers prepare the dinner meal, with some help from the students.

The current staff consists of a program director, three special education teachers, one teacher aide, four child care workers, and two generalists. Additionally, there is a senior supervisor, a consulting psychiatrist, and a consulting psychologist. Occupational therapy, physical therapy, and speech therapy are contracted for on the basis of individual need.

The program operates on a year round basis with a regular academic school year and an emphasis on environmental issues, camp skills, and physical education during the summer. The children in the program spend school holidays with their families; families are encouraged to visit on other weekends.

To improve the programs at Riverside, the Spurwink administration would like to hire an aftercare worker whose responsibilities would include providing support and treatment for youngsters in the discharge phase of the treatment program. This support and treatment would follow the client for up to twelve months after discharge. Another goal is to establish a three or four bed transitional living/respite care unit for youngsters in the discharge phase of treatment. This unit would also be available for short periods of respite for up to one year after discharge.

- Edgefield

The Edgefield residential treatment program is located in Casco -- a rural area of Maine approximately 40 minutes from Portland. The facility is an old renovated farm house. The Edgefield program serves nine (twelve to 20 years old) emotionally disturbed adolescent males. The program focuses on meeting the needs of each individual adolescent with the goal of return to the community for school and family life, or the ability to begin living independently. Recently, some of the adolescents at Edgefield progressed enough to need a less intensive setting and Spurwink opened a therapeutic foster home for three of these adolescent boys (see Therapeutic Foster Home Program). Like Riverside, the program encompasses both academic and living quarters. The program operates on a year round basis emphasizing vocational education and academic subjects during the school year and vocational, education, and recreational skill attainment during the summer.

At the Edgefield facility, the adolescents are more involved in cooking and maintaining the house. Through vocational instruction, the adolescents have built almost all the furniture (bookcases, tables, dressers for their rooms, etc.) in the house and their handicraft is quite impressive. Besides traditional classrooms, Edgefield also has a large shop/workroom and employs a vocational education teacher. Much emphasis is also placed on teaching social skills to the youth. Since the program is all males, including most of the staff, activities are planned outside the residence that allow for some interaction with adolescent girls. However, sexuality issues are a major area of discussion for youth and staff.

The current staff consists of a program director, an M.S.W. family worker, two special education teachers, five child care workers, a senior supervisor, a consulting psychiatrist, and a consulting psychologist.

Occupational therapy, physical therapy, and speech therapy are contracted for on the basis of individual need.

Again, plans for Edgefield include hiring an aftercare worker, perhaps to be shared with the Regional Day Treatment Program, whose responsibilities would include providing support and treatment for those youngsters who are in the discharge phase of their treatment programs. Clients would be followed for up to twelve months after discharge. Spurwink also intends to review the curriculum at Edgefield. It will expand to include exposure to the humanities, i.e. art, music and dance, and will emphasize the use of computers for instruction.

Therapeutic Foster Homes

In addition to comprehensive residential treatment programs, the Spurwink School currently operates four therapeutic foster homes for emotionally disturbed youth. One home is located in Otisfield, close to the Edgefield facility at Casco. The other three homes are located in Portland on Rackleff Road, Candlewyck Street and Massachusetts Avenue. The therapeutic foster homes serve a total population of twelve boys, ages six to 20 years.

The therapeutic foster homes are purchased by Spurwink Associates and leased to the school. All of the foster homes are located in middle-class, residential neighborhoods in Portland and are not distinguishable from any other family home. When the site has been selected, Spurwink administrators meet with the neighbors. Due to such preliminary discussions, the school has met very little neighborhood resistance in the establishment of foster care homes.

Spurwink hires couples to live in these homes with two to four youngsters. This arrangement provides the children with as close an approximation as possible to a normal family life. The couples are carefully chosen, since these couples become very significant and often make a difference in the children's lives. The site visitor met two of the foster care couples -- one was a younger couple, with a child of their own, and the other was an older couple. The site visitor was extremely impressed with the homelike family atmosphere in the therapeutic foster care homes. The foster parents attend to all the needs of the children, just as any regular parent. They insure that the child gets to school, completes homework, eats good meals and does not watch too much television. Most of the children attend school at Spurwink's residential programs or one of their day treatment sites. However, several youth also attend local public schools.

The foster care couples receive extensive training, covering many areas such as food purchasing, budgeting, handling various behaviors, etc. The couple has every other weekend off, when children are allowed to visit their natural parents. The couples also have vacation time. During the day, when the children are in school, couples have some free time to take courses or handle their personal affairs. The couples start at a minimal wage salary of $22,000 to $24,000 for both. Most of the therapeutic foster parents have been in the program for at least three years.

The therapeutic foster parents play a major role in the treatment plan for the children in their care. They receive weekly supervision from the director of the program, and are intimately involved with the children's generalists, teachers and other staff. They concern themselves with every aspect of the child's life and provide daily reports to the generalist and teachers about the child's behavior in the home. Oftentimes, the same generalist is assigned to all the children in a particular home, and it is not unusual for the generalist to eat dinner with the foster family at least once a week. The foster couple also has contact with the natural parents, either through weekly phone calls or on the weekends when the parents come to pick up their children. If a foster couple needs respite care, the generalist usually arranges to stay in the home with the children.

At the time of the site visit, Spurwink had succeeded in opening two new therapeutic foster homes, serving two to three pervasively developmentally disabled youngsters who currently reside in one of the existing foster homes but who have reached late adolescence or early adulthood and, as a group, were in need of a new experience. To date, the therapeutic foster care homes have proven to be an effective next step out of residential treatment for Spurwink children and have significantly expanded the continuum of services available to meet their needs.

Regional Day Treatment Program

The Regional Day Treatment Program offers education and day treatment services to psychoneurotic, behaviorally disturbed children. At present, this program serves 30 to 36 boys and girls between the ages of six and 18. The program is currently housed within two operating public schools in South Portland and the Lunt School in Falmouth. The program at Lunt serves younger children; the one at Mahoney serves adolescents.

The Regional Day Treatment Program grew out of activities begun by a group of special education directors in school districts that were within a 30 mile radius of each other. The concern was for a cost-effective way to meet the needs of extremely behaviorally disordered children who could not be maintained in existing classrooms. Often these children would be referred to residential facilities because no other resources existed in their respective communities. Many of the local school districts make referrals, provide transportation, and pay for the children to attend the day treatment program. Spurwink is responsible for hiring staff and all programmatic aspects of the program.

The day treatment program for the older youth is located in a junior high school. Although the day treatment classrooms are separate from the regular school, these students do have access to the school library and cafeteria services. The program has been so successful, according to interviews with school personnel, that it currently has a waiting list. In addition, other local school districts in Maine are negotiating to have programs in their communities. Spurwink has expanded the program to the Bath-Brunswick area, serving twelve to 16 behaviorally disordered boys and girls in two classrooms.

Currently staffing consists of a program director, eight educational staff, two M.S.W. generalists, one secretary, a senior administrator, a consulting psychiatrist and a consulting psychologist. Speech and hearing therapists come into the classroom to treat individual children as needed. As in all Spurwink programs, every child has a generalist, usually a teacher or social worker, to integrate the youngster's entire treatment program. There are two teachers assigned to each classroom.

Teachers in the program perform many roles. Besides educational instruction, they spend considerable time forming relationships with the children they teach outside the classroom. Teachers must also complete an inordinate amount of paper work to fulfill regulatory requirements, and of course, they participate in daily meetings with generalists, foster care parents and child care workers of students in their classes. In hiring teachers, the director of the day treatment program says he looks for "I love kids" behavior and people who are willing to look at their own behaviors and own lives. He looks for those who can present themselves as "models" of the better parts of the society.

The teachers at Spurwink receive an enormous amount of support. All staff receive weekly supervision and a telephone is available in each classroom, so that a supervisor is only a phone call away. This provides a feeling of support to staff that has been immeasurable. A student spends an average of 24 months in the program, but length of stay varies from less than a year to four years, depending on the educational and clinical needs of the individual child.

The Regional Day Treatment Program concept seems to be a highly cost-effective and beneficial program. In interviewing several of the local public school officials involved in the program, they indicate four reasons for its success:

(1) Spurwink's attitude: Spurwink administrators are open to recognizing needs and have developed a sensitive and responsive program, in a short period of time, that meets community needs .

(2) Communication: The Regional Day Treatment Program administrative staff maintains close contact with the local school districts and

parents about the progress or lack of progress for each individual child referred. They also solicit input about solutions to problems and share their own thinking about strategies.

(3) Quality and commitment of Spurwink's staff: The Spurwink staff has a good internal working relationship with each other. They are thorough in their assessment and treatment of the "whole" child. Staff also receives good supervision and training.

(4) Spurwink's professionalism in dealing with families: Spurwink staff seems to inspire confidence from parents without leaving them with unrealistic expectations and hopes.

The Regional Day Treatment Program also places a major emphasis upon teacher training and each year accepts teachers from surrounding schools to participate in a year-long, hands-on training program.

The Home Training Program

The Spurwink Home Training Program was established in 1975. The program, which is located at the Lunt School, serves 40 (six to 20 year old) pervasively developmentally disordered youngsters. About 70 to 75 percent of these youth live at home with their families; the other 25 percent reside in Spurwink-operated therapeutic foster homes. Before the establishment of this program, many youngsters within this diagnostic category grew up in institutions outside the State of Maine.

The program consists of education and skills development, as well as work with the parents in the home environment. Each classroom has five to seven children with one lead teacher and one co-teacher for each group. These children have massive learning problems and developmental delays, so instruction is often at the most basic levels and extremely individualized. Many of the older youth are involved in vocational training activities (such as custodial work, baking, woodworking activities) as well as activities of daily living skills. During the site visit, one student was learning how to iron a shirt. The staff "model" behavior for the youth and then teach parents how to replicate similar behavior patterns in the home environment.

The current staff consists of a program director, eleven educational staff, a speech therapist, an occupational therapist, a master's level psychiatric nurse, a half-time M.S.W. generalist, a consulting psychiatrist, a consulting psychologist, a senior supervisor, and a secretary.

The program director would like to see the program expanded in two ways. One would be the development of a transitional living apartment where activities of daily living skills could be taught more realistically. The clients would not necessarily have to reside there in order to participate in the ADL exercises. The apartment could also be used for short-term respite care on an as-needed basis. The other expansion would involve the establishment of a sheltered workshop/employment training component.

Clinical Services

Diagnostic services in the form of psychiatric evaluations, psychological evaluations, special educational assessments, and collaboration with referral agencies are a routine part of the program at the school. Most of the diagnostic services are provided by a dedicated cadre of consultants to the program. Two of the consultants, one psychologist and one psychiatrist, have performed this role for more than a decade. Two others are more recent additions to a very sophisticated diagnostic assessment and consultation team. Each consultant spends an average of two to five days per month at Spurwink facilities. They provide initial psychiatric assessment and psychological testing of all children admitted to any of Spurwink's programs. They provide clinical case consultations when needed, and are an integral part of developing the initial treatment plan and the review of plans every six months. Finally, they are available to any staff -- child care worker, generalist, teacher, etc. -- who feels the need for individual consultation around a particular child in his/her caseload. The consultants may also provide in-service education and training for staff, and several are engaged in research activities based on their work at Spurwink. Each consultant has primary responsibility for one of the programs at Spurwink. For example, one of the consulting psychologists is employed primarily for the Home Training Program. A psychiatrist is the primary consultant for the Regional Day Treatment Program. However, the consultants do cross over into other programs to assure continuity of philosophies.

Although the consultants are part-time, they each expressed a strong commitment and dedication to the Spurwink School. When asked about the important or unique characteristics of the school, responses from these consultants were:

- The fostering of a climate in which the non-psychological/non-psychiatric staff do not hesitate to treat behavioral crises as behavioral crises. In other experiences it was frequently found that nonprofessional staff were fearful of taking the initiative in these situations, but not at Spurwink. There is more sense of a collegial collaboration and not one based on some hierarchial structure.

- Spurwink's relationship with the community is a great advantage. It is easy to plan and arrange for a child to be integrated into the public school system. It is possible to send a generalist out into the school system with the child and to handle initial problems that might arise, thus providing support for the public school teacher.

- All children really do receive individual treatment plans according to their needs and much of this is related to the flexibility of the Spurwink system and lack of a highly entrenched bureaucracy in the direct treatment programs.

Spurwink also utilizes community resources for health care with the Maine Medical Center providing in-patient services and psychiatric emergency care. Occupational therapy, physical therapy, art therapy, and speech/language therapy are available to students in need of these services.

Behavior Management/Discipline

Spurwink attempts to provide a consistent response to behavior. Much of the response is based on life-space interviewing. Life-space interviewing is predicated on the notion that a behavioral situation should be dealt with as soon as it occurs, rather than waiting. It is believed that the effect is higher at the time of the situation, and therefore, the child's feelings are more available then. The life-space interview takes place and may have one of three functions: a reconstruction, an interpretative quality, or a delineation of the pattern of behavior. At Spurwink, most life-space interviews are conducted by the child's generalist. However, a teacher, child care worker, or foster parent may also perform life-space interviews.

If a child exhibits disruptive behavior in the classroom, he/she is given a "time-out" period. The child may sit in a chair removed from the rest of his peers or sit in the hallway outside the classroom. A staff person is always with the child. In order to return to the classroom, the child must talk about what happened and make up any classroom work missed.

Although behavioral techniques are not predominant at Spurwink, the program does use token economies or point systems when it seems that these are appropriate and will work for certain youth. Physical restraint is the very last response to behavioral outbursts, but staff are trained in physical restraint techniques that foster the safety of the child and staff members.

The Daily Routine

The routine for youth at Spurwink follows a fairly normal schedule. During the week, the children in the residential treatment and therapeutic foster care homes get up at 7:00-7:30 a.m., bathe, dress, eat breakfast, and prepare for school (for some, this means taking a public bus to the day treatment site, Riverside, Edgefield or a regular public school). School usually begins at 9:00 a.m. and academic classes are held to noon. The students have lunch, and then have a full schedule of classes until 2:30 or 3:00 p.m. When school is over, the youth have free time to watch television, perform chores, play a sport or do homework. Dinner is prepared. The youth have a curfew of 9:00 or 10:00 p.m. during the week.

On weekends, the schedule is far more flexible. Youth in the therapeutic foster homes are encouraged to spend every other weekend with their natural families. The youth at Riverside and Edgefield also have weekend visitation privileges, if the treatment plan concurs. Parents are also encouraged to visit their children at Spurwink on weekends. For those who remain at Spurwink on weekends, a number of recreational and cultural activities are scheduled.

The routine at Spurwink follows a regular school calendar year. There are four quarters of classes, and children observe regular school breaks. In the summer, Spurwink operates a summer camp for its students. The youth are also encouraged to participate in community sports activities such as Little League baseball. Spurwink hopes to expand its summer camp to offer more activities and perhaps to include summer-only clients as well as Spurwink students.

INVOLVING FAMILIES

Maine is a very rural state and the Spurwink School accepts youth from all over. In the Home Training Program, parents are seen in their homes on a weekly basis, since much of the program is focused on assisting parents in handling their children. In the residential treatment and therapeutic foster home programs, parents are not as intensely involved. Staff, principally the child's generalist, maintain at least weekly phone contact with the parents. The generalists will also make home visits and provide some individual counseling, if required. Parents are involved in the initial admission process and at the six-month treatment planning updates. Generalists also encourage parents to visit the school and to report back on weekend visits. About 80 percent of the families are involved in the limited way described above.

Distance seems to be one of the major barriers to more extensive family involvement. Especially in the winter, travel and distance can present major obstacles to any ongoing treatment for families. The administrators indicated that they would like to establish a series of six to eight caseworkers, full or part-time, who would be assigned to specific regions of the state. The primary tasks of these workers would be to provide treatment to the families of children in the program. Greater contact and treatment of families may reduce the length of stay, Spurwink administrators believe. At the present time, follow-up treatment for

Spurwink clients and their families depends on the availability of mental health resources in the local community. Often there are few resources, and the generalist concept is not an organizing principle for such care. Spurwink has found that the Bureau of Mental Retardation has a more client-oriented system than mental health and that follow-up and continuing communication is more likely to occur with MR clients.

The site visitor spoke with four sets of parents during the visit. Each parent was enthusiastic about the school and all cited major improvements in their child's behavior. All spoke about the availability, commitment and dedication of the Spurwink staff and the level of communication between the staff and themselves. Another important feature mentioned was the fact that staff did not give them false expectations about their children. The staff explained what the parent could reasonably hope for, so that "cure" was not always the expected end result.

COMMUNITY LINKAGES

Since the Spurwink School is based on a decentralized model, linkages with the community are necessary and important. Spurwink has, for the most part, excellent community linkages. The development and location of the Regional Day Treatment Program in public schools maintain children in settings that are not isolated from other educational activities. The fact that the concept is expanding to encompass other school districts seems to indicate the success of this approach.

All of Spurwink's facilities are integrated in the community, and many of the staff and consultants live within the community. Other community resources are also utilized often. Linkages with other agencies, such as the Bureau of Mental Retardation, psychiatric hospitals and the public schools are also well-developed.

Another Spurwink goal is to develop more linkages with higher educational facilities. The school has frequently been used for professional internships and student teaching experiences by various higher education and medical facilities. Spurwink hopes to expand such affiliations, which add to the variety of professional input to the program, permits Spurwink to contribute to the profession, and adds credibility to the professionalism of the school.

DISCHARGE PLANNING AND CONTINUITY OF CARE

The Spurwink School provides a system that allows a child to move from one setting to a less restrictive alternative within the same program. The school has shown considerable creativity and flexibility in its desire to meet the needs of its clients. At present, one of the few missing links is an outpatient clinic (there are plans to develop one).

Discharge planning begins when the staff members involved with the child decide he/she is ready. Decisions about discharge are based on subjective observation, the child's functioning in the classroom, the treatment conference report and reaching stated goals. The biggest concern of the staff is that the child may appear to be doing well, but the gains may really be very fragile. Therefore, a transition period is often used that may include being mainstreamed into a public school and/or increasing home visits.

Aftercare at Spurwink is informal. The program would like to hire specific staff to provide aftercare services for up to 18 months, but so far, appropriate sources of have not been identified. However, there is considerable aftercare contact with discharged kids and their families.

STAFF

Much has already been written about the staffing pattern at Spurwink, especially about the generalist model. The residential programs employ 36 full-time staff including six social workers, five teachers, two teacher aides, two activity therapists, 25 child care workers and two cooks/housekeepers. In addition, there are two administrative and two clinical staff. A part-time (20 percent) child psychiatrist and clinical psychologist offer consultation services to the residential programs. The ratio of direct care staff to children is 1:4.

There are 23 full-time staff employed by Spurwink's day treatment programs. This staff includes four social workers, a speech therapist, fourteen special education teachers, two teacher aides, a psychiatric nurse and an occupational therapist. This staffing complement also includes two administrative and two clerical staff. In addition, a part-time (20 percent) child psychiatrist and school psychologist offer consultation services. The ratio of direct care staff to students is 1: 4.5.

The staff is organized around individual Spurwink programs. There is a program director for each service including the Riverside Residential Treatment Program, the Edgefield Residential Treatment Program, the Therapeutic Foster Care Program and the Regional Day Treatment Program. Just as a generalist fills many roles for a child and family, the director fills many roles for a program. The director is in a position to oversee all aspects of the delivery of service and integrate the parts. He/She may do this primarily through generalists, but he/she is always in a position, through supervision, to do it directly. Because he/she supervises the generalists, the child care counselors or therapeutic foster parents, the teachers, and whichever therapists may be involved, the director is able to perceive discrepancies in understanding or carrying out a service plan or discrepancies in a child's functioning in one setting or another. Because the programs are kept small, the director is also in a position to do a fair amount of direct observation of each child in the program. It is important to emphasize that Spurwink does not have directors or supervisors by discipline. There are no "residential care supervisors", no "educational directors", no "directors of social services"; nothing to fragment the delivery of integrated services. Rather, the directors at the Spurwink School are designated by the program each integrates.

Further, interdisciplinary staff is integrated, not fettered by problems of "turf," permitting good personal and professional relationships and use of staff across disciplinary lines. All staff are involved in the development of treatment plans, and establishing relationships with youngsters and parents is the top priority.

Spurwink has a very dedicated and committed staff. Interviews with staff members indicate that there is a major feeling of participating on a "team" and being supported by other staff members. The other strength is that the staff believes in the treatment philosophy and tenets of the Spurwink program. Subsequently, there is a very low turnover in staff.

Spurwink has also been looking at ways to improve the benefits, mobility and satisfaction of its staff. Staff receive extensive supervision. In addition, Spurwink has developed a Staff Enhancement Group. This group is made up of staff selected as having potential administrative and management capabilities. Such staff are recommended by their program directors and must have three to five years of experience at Spurwink. The Staff Enhancement Group, which currently has 13 members, receives instruction and training in legal, management and financial issues. The group meets once a month for five hours. After completion of the instruction, many of these staff will assume administrative/managerial positions within the Spurwink structure.

PROGRAM ADMINISTRATION

Although program directors assist in administration of their individual programs, the overall program management is centralized in a small unit that administers the many tasks associated with rate-setting, contracting, auditing, budget, finances, governance, etc. During the past year, the structure of the Spurwink School has been revised. Presently, central administrative staff includes an executive director, director of program operations, director of finance, bookkeeper, development officer, and a part-time therapist-coordinator. The five program directors, including the Rhode Island Program, are viewed as direct service/administrators of their programs.

Further, the Spurwink School has a board of trustees; however, over the last two years the membership and functions of the board have been reformulated. The board is composed of a wide variety of members with extensive experiences, which include governmental, business, banking, political, religious, education, legal, community, health, mental health, and fundraising leadership and involvement. This composite of experience can be helpful in numerous areas and will be necessary if The Spurwink School and Foundation are to be viable and growing organizations. The functions of the board include:

- setting program policies;
- overseeing the handling of finances;
- passing on resolutions of a policy nature;
- giving the school a higher level of visibility;
- undertaking fundraising activities, and;
- advocating for the needs of the Spurwink students.

The Spurwink School also established, in late 1983, the Spurwink Foundation for the purpose of providing support to the Spurwink School(s) and the concepts of preventative health. Among the activities of the Foundation are fund-raising campaigns, funds for staff enhancement, funds for program enhancement, raising seed money/venture capital for needed expansion and marketing. Funds will also be used for expansion of research activities.

FUNDING AND BUDGET

The Spurwink School in Maine is dependent almost entirely upon public funding for the support of its varied program entities. The state agencies involved include the Departments of Human Services, Mental Health and Mental Retardation, and Educational and Cultural Services. Although each Spurwink program has different costs, the reimbursement for each of the programs is developed under the Maine rate-setting process.

The annual operating costs of the Spurwink School programs are slightly under two million dollars. The average annual cost for a student in the residential treatment program is $29,000, including education; the costs for the home training and day treatment programs in public schools are $8,500 per year; and the cost of day treatment services in freestanding day treatment sites is $9,200 for eleven months.

Each year, the rates are redetermined. Spurwink closes its books with the conclusion of its fiscal year on June 30th of each year. It then submits an extensive cost report by August 15th, to the funding agencies. This is followed by the submittal of the independent audit of the fiscal year. The departments are then in a position to determine a new rate, which when set, is retroactive to October 1st of the year. Generally, Spurwink has established a five percent increase in its budget which has been historically a fairly safe figure to use against the potential rate increase.

This dependence on public funding creates a number of cash flow and funding problems for the school. For example, a large portion of Spurwink's income is received from the local school departments based upon a rate established in Augusta. In September, there is a major increase in spending due to the resumption of the formal day and residential education programs; however, billings cannot be made to the local districts until after the service is provided -- the end of September. The bills are sent, local departments receive and review, then most await a local board meeting for approval of bills, and somewhere between the end of October or into November the bill is paid. The combined major increase in expenditures and slowness of cash flow requires borrowing to sustain the Spurwink operation. In addition, much of the state agencies' funding cannot be billed and received until after the first month or quarter. These problems require Spurwink to maintain borrowing at a high level of credit and working capital. This issue has been presented to the state agencies with a request for front-end funding, which not only helps Spurwink, but also can reduce the level of reimbursement by the state for interest on loans by as much as $25,000 per year. Without adequate reserves in the form of private monies in the Foundation, a front-end payment arrangement by the State of Maine, and/or the establishment of interim rates, this issue can become critical to a private agency such as Spurwink.

Problems with interagency coordination and resolution also affect the financial operations at Spurwink. One specific example of the need for such coordination is the purchase of residential beds. The Department of Mental Health and Mental Retardation purchases what are termed Mental

Health Beds and the Department of Human Services purchases what are termed State Ward Beds. For example, there are 20 mental health beds and 22 state ward beds within the residential treatment portion of Spurwink. During the early portion of this year, Spurwink had three mental health beds empty, while there were 24 referrals (20 from Maine designated as state wards) and the three designated beds sat empty (and unfunded). Spurwink was not able to admit State of Maine children. Appropriate interagency communications and concerns should be able to resolve such a situation that harms Spurwink financially while not meeting the needs of youth in trouble. Over the next few years, Spurwink hopes to expand its funding sources so that it is not as dependent on state funding.

ADVOCACY

Key administrators at Spurwink view advocacy for the school and its client population as a major part of their activities as they meet with groups around the state. The Spurwink Foundation, as mentioned earlier, is seen as a mechanism for providing funds to promote the needs of individuals who tend to not be as well understood and may not be the types of individuals who immediately draw sympathy and support from the general public. A priority of the Foundation will be to promote greater understanding of these human beings who generally receive limited recognition. This will be done through a combination of print-electronic media, conferences, dissemination of research findings, and liaison with governmental agencies and lawmakers.

EVIDENCE OF EFFICACY

Over the years, the Spurwink School has developed a reputation for excellence in meeting the needs of emotionally disturbed and multiply handicapped youngsters. On the site visit, community representatives from the schools, mental health and mental retardation, corrections as well as parents and students mentioned how invaluable Spurwink had been in either developing needed services or in providing treatment that led to major improvements in a youngster's behavior, learning skills and/or social functioning. If one of the major goals of the program is to return youngsters home and re-integrate them into community school systems, then the program seems to be quite effective. Although no formal evaluation of the program's effectiveness in meeting stated goals for youth was presented, Spurwink does undertake a self-evaluation process each year using state(s) licensing requirements plus added criteria integrated into the process by the administration.

The program has also undertaken a number of research projects to assist in evaluating program components and treatment approaches for specially defined populations. Recent Spurwink research has included a study of the successful residential treatment of ten encopretic children. This study had, as its purpose, a formulation of dynamics and an analysis of those therapeutic interventions which influenced favorably the successful outcomes achieved with these children so notoriously difficult to treat.

Another research project included the study of those therapeutic interventions that the school's teachers have employed to reduce a child's resistance to learning, with the view of determining the immediate effect of such interventions in terms of application to traditional educational tasks. Other recent research efforts have included:

- Program Development for a Child Caught Between Two Subcultures: The Deaf and the Mentally Ill
- The Generic Residential Treatment Worker: Functions in Residential Treatment and Adaptation to Day Schools
- Association of Fragile X Syndrome with Autism

According to administrators, however, the most important evidence of the program's efficacy is its "replicability" and success when transplanted to other states and areas that may be different from the environment in Maine. The Spurwink School II in Providence, Rhode Island was established in October, 1982, and has also proven to be a successful program for seriously emotionally disturbed children needing a residential and special education program.

PROGRAM NEEDS AND FURTHER PLANS

Throughout this description, Spurwink program needs and expansion plans in relation to its specific services have been discussed. These include the need for more formalized aftercare services and the desire to hire aftercare coordinators; the development of day treatment programs for other regions of the state; expansion of the summer camp program; and the need for more case coordinators spread out around the state to provide intensive services to parents and youth once they return home.

However, Spurwink School also has a number of other expansion plans that will increase the visibility and funding support for the program. These are briefly described below:

- Expansion into other states

  Expansion into other states will assist the present program through the extension of the referral base, fundraising base and the enlargement of the pool of income for central administration. Spurwink has been approached and subsequently has had communications with state agency people in Massachusetts, Rhode Island, New Hampshire, and New Jersey. Spurwink has also been approached by the Chicago College of Osteopathy to consider establishing a program in the greater Chicago area.

- Development of clinical/outpatient services

  On an increasing basis, Spurwink is asked to perform evaluative services and make program recommendations for clients throughout the State of Maine. The program is currently establishing written guidelines for a clinical/outpatient division of the Spurwink School whose primary function will be to provide evaluation, diagnoses, and programming recommendations for a wide variety of behaviorally, developmentally, neurologically, and organically involved clients.

- Development of respite care services

  Given Spurwink's commitment to provide programming and treatment for a severely impaired population from both a day treatment and community-based perspective, the need for respite care becomes an ever increasing issue. Spurwink is in the process of developing a program description of respite care and meeting with appropriate state agencies in order to negotiate a funding approach for these services.

- Expansion of services to include juvenile justice populations

  The Department of Corrections, the Maine Youth Center, and the Juvenile Justice Advisory Council have identified the need to develop alternatives to the present system related to Hold for Court/Evaluation Services, Early Intervention Programming, and Special Needs Populations. Discussions have led to the identification of the potential to design and implement a program (ten to 20 beds) to provide Hold for Court Evaluation Services. These meetings are continuing with the goal of defining a program and determining a potential role for Spurwink and other Maine child-serving agencies. In addition, these agencies have also identified the need for a program and facility to serve those juveniles who exercise extreme acting-out behavior within various programs and require short term, intensive "cooling down" intervention. There have been discussions in Augusta regarding this issue with the intent of developing a Request for Proposal.

- Expansion of services to the severe and profoundly mentally retarded

  The Spurwink School has implemented new waiver home programs with the Maine Bureau of Mental Retardation to meet the need for community-based residential and day programming for clients to be transferred from Pineland Center. This is a new population to be served by Spurwink, which requires funding in order to employ a program director with appropriate professional and administrative skills to administer the program and to further develop of services for the severe and profoundly mentally retarded.

GUIDANCE

The Spurwink School has many unique features and when asked to identify the factors that make the program successful and are important for others to consider, the administrators and staff at Spurwink mentioned several, including:

- the need for a philosophy or treatment approach that provides the "integrating" force of the program. In this case, it is the generalist concept -- the notion of having one person integrate all aspects of a child's life (residence, home, school, recreation, therapies, community) -- that provides the foundation. This generalist or integrating concept goes beyond the individual student or family to the integration and supervision of individual programs.

- further, the philosophy must be defined and implemented consistently across the agency via training, support, and communications.

- maintaining the functional smallness of programs which increases (a) the ability to provide fairly normal living, educational services in community-based settings and (b) the ability to maintain a high level of communication between staff. This keeps manipulation at a minimum.

- a decentralized, community-based approach also maximizes the use of community resources.
- a treatment approach that is based on the needs of the individual client; truly individualized treatment plans are made. Individualized treatment planning has historically led to new program development when needed services were not available.
- control of a continuum of services permitting interchange within various Spurwink programs depending on a child's needs.

The most critical element, however, is the quality of the staff. The way the staff is organized and supported determine a large part of the quality and effectiveness of the program. Spurwink has organized its staffing pattern in such a way that it centers around an integrated, interdisciplinary approach. Staff are not fettered by problems of "turf", thus permitting good personal and professional relationships. Spurwink seeks staff that are committed to relationship development with youngsters and their parents. Spurwink also looks for competency in its staff and a high level of staff support and staff development is included in the administrative structure of the program. Some career mobility has been made possible and as Spurwink further diversifies its services, locations and populations, career opportunities are expected to increase. Subsequently, the program has had a very low staff turnover.

The other important element in the Spurwink organization is its administrative structure. The top administrators really work as a team and they are well-known in the community and statewide system so that they are knowledgeable of those systems and capable of working them to the benefit of children and program(s). The administrators also perform many of the more bureaucratic tasks that allow program directors to be more involved in the direct service aspects of their respective programs. The establishment of a more prominent board is expected to increase the visibility and funding for the school; thus, the board structure and commitment also becomes a critical element in maintaining the viability and growth of the program.

TRI-COUNTY YOUTH PROGRAM, INC.

16 Armory Street
Northhampton, Massachusetts 01060

OVERVIEW

Tri-County Youth Programs, Inc. is a nonprofit multiple service agency in Northampton, Massachusetts offering a wide range of services to an adolescent age population. The agency has established contracts with the state's Department of Youth Services, Department of Mental Health, and Department of Social Services and administers residential treatment facilities for emotionally disturbed adolescents, foster care facilities for court-involved youth, intensive foster care for the emotionally disturbed and schools that provide services to both emotionally disturbed and court-involved youngsters.

Although Tri-County includes a number of programs and alternative settings, the site visit focused on the Ralph C. and Elizabeth Goldsmith Hill Adolescent Center, a 24 hour long-term residential treatment center for severely emotionally disturbed adolescents between the ages of 13 and 22 and the Hill School of the North Shore Educational Consortium, which serves the special education needs of the youth living at the residences of the Hill Adolescent Center.

The administrative and clinical offices for Tri-County Youth Programs are located in a row house-type of structure in downtown Northampton, a small college community in Western Massachusetts. The Hill Adolescent Center consists of three residences, housing a total of 17 youth. One residence for males, is the former superintendent's home located on the grounds of a state hospital, about one mile from the center of the town. The girls residence is a typical New England wood frame structure, located on one of the main streets of Northampton, at the entrance to the state hospital facility. A third residence, which is co-ed, opened in 1984 in Springfield, Mass., an urban center about 30 minutes from Northampton. The location of the Hill School is in Easthampton in the lower level of a church building.

HISTORY

Tri-County Youth Programs came into being, according to its executive director, as a result of a number of synchronistic events. The deinstitutitionalization movement of the '60s and '70s buttressed by federal and state court orders, spawned a number of community-based programs for severely emotionally disturbed and court-involved youth in Massachusetts. Both Robert Winston, Tri-County's current executive director, and Steven Bengis, the associate director, were involved in two of these mental health and juvenile justice programs that were antecedents to Tri-County: a foster care program developed through the University of Massachusetts and a regional adolescent program called NAHNAJ ("Not a Hospital, Not a Jail"). The availability of new monies and requests for proposals, designed to stimulate further development of community-based programs and a continuum of care, resulted in the creation of Tri-County, an "umbrella" type agency bringing together a number of programs and services to meet the range of needs of adolescents. Tri-County also presented an opportunity for the creators to bring together a staff with a commitment to community-based programs, similar political convictions, shared philosophical beliefs about treating this client population and years of experience in working with deeply troubled, volatile youth. With this background, Tri-County officially opened its doors on January of 1980.

CLIENT POPULATION

The Hill Adolescent Center and School are programs for adolescents who have been traditionally considered, "untreatable". Youngsters at Hill share a history of violent acting out against themselves, others, and/or property and a history of failure in a variety of other programs and settings. Until recent social reforms in the mental health and juvenile justice system, many of these youngsters would have been treated in locked hospital wards or jails.

The youth served by Hill have had traumatic personal histories. They have been physically and sexually abused and neglected by their families.

For virtually all, the damage done to these young people is deep, with scars left for a life time. They are volatile and frequently exhibit bizarre behavior. The diagnoses of adolescents in the Hill program include disorders of impulse control, schizophrenia and psychotic disorders, conduct disorders and borderline personalities. Increasingly, the program is seeing more male sex offenders as well as victims of sexual abuse. Although Hill believes it can work with the most difficult cases, it does not admit youth who are mentally retarded or youth who are likely to do serious harm in the community if on a run. In many cases, this is a judgment call. Program staff also try to keep a balanced mix of diagnoses. Experience has shown that Hill's program model and approach work best for schizophrenics, psychotics and borderline personalities. Says one clinician in the program, "two informal criteria for entry are that a youth be object hungry and have cognitive ability".

Half of Hill's young adult population, or YAs as they are referred to, are male and half female. A small percentage are 13 to 15 years of age; most, however, range in age from 16 to 22. The majority of youth stay in the program for two years.

PHILOSOPHY, GOALS AND TREATMENT APPROACH

The Hill Adolescent Center's mandate is to stabilize these violently acting out youngsters, so they can demonstrate a significant degree of control over their impulsive behavior, cease being harmful to themselves and others, and can be treated in a less restrictive setting. In treating these youth, the Hill Adolescent Center and School have developed a program model that integrates innovations of their own along with concepts from other programs such as the Canadian Psycho-Education Model, Bruno Bettelheim and Fritz Redl's early experiments with residential care for very disturbed children; re-education concepts from Pennsylvania and California; techniques from the Browndale (Canadian) model; and educational approaches adopted from Israeli Reuven Feuerstein's instrumental enrichment program. Hill's treatment approach is based on a reparenting model which emphasizes family style living and a nurturing, safe, supportive environment. Staff, rather than a physically locked setting, are intended to provide the security and safety that these youth so desperately need. Hill does not believe in isolating these youth but in forcing them to deal with and relate to a community. The focus of treatment is on the building of relationships -- relationships between the youth and staff and between the youth themselves. The milieu, which includes residential, educational and clinical components, is the basis of treatment.

Hill has a well defined and clearly articulated set of principles, values and intervention strategies that form the core of this program and characterize its uniqueness. These principles and strategies, which are summarized below, guide the treatment of the emotionally disturbed adolescents who come to Hill.

At Hill, there's a strong belief that successful treatment requires a team approach which balances, blends and integrates the viewpoints and perspectives of all staff -- "line", educational, clinical, administrative and consultant. Special efforts (described in the program section) have been made to ensure that residential staff, teachers, therapists and program directors share an equal voice in determining both diagnostics and treatment.

A second principle, shared by staff at Hill, is that all behavior has meaning and an internal logic which makes sense if viewed in the context of the environment from which it originated. For many of these youth, their behavior is a survival mechanism. Behavior is also seen as symbolic of internal realities, conflicts and tensions. Hill views its role as both interpreting and managing behavior and has adopted several strategies for accomplishing both these tasks.

Hill places a strong emphasis on the close observation of youth in all situations and extensive individual therapy to uncover and deal with underlying causes for acting out behavior. For these young people to feel safe they need to have a sense that staff can manage their behavior. Hill does not use a behavior modification system, but youth learn that there are natural consequences for their behavior. Rewards and punishments relate directly to the behavior. Based on the Browndale Model, Hill has also developed an approach which employs routines, limits and anchor points as a way to manage behavior. Routines, as defined in this model, are the structured activities and the order of the day which is consistent and predictable. The limits are the absolute ground rules for unacceptable behavior: no hitting, no destruction of property, no running, no stealing, no sex and no dating. These routines and limits are nonnegotiable. They serve as an external way to internalize actions, and they provide the safety and security that these youth have never had. Explains one staff member, "They take care of youth when they feel out of control". Anchor points are "weathervanes" which gauge a youth's psychological and emotional state. Through close observation, staff learn a youth's patterns of behavior and signs of when his/her behavior may escalate and become destructive. Anchor points allow staff to anticipate and use interventions before behavior escalates. For example, if a youth insists on wearing a hat in the classroom, as an act of defiance, that may be the trigger point for staff to intervene and engage in a dialogue about what is really going on with the youth.

Another means of observing as well as managing behavior is the status system which Hill has established. When a youth enters into the program or requires constant contact with staff (necessary for those adolescents who are suicidal or runners), he/she is put on "one-to-one" status. This means that a staff person is assigned to "stick with" that youth at all times. This status continues for at least 30 days. Youth may also be on "eye watch" (within sight of staff) or on close observation.

Another intervention that is an important aspect of the Hill treatment philosophy and approach are the therapeutic holds which staff use in response to violent acting out. Hill staff have developed a carefully thought out process for implementing a hold as a physical way to control violence and as a therapeutic tool for getting a youth and a staff person to talk at a critical juncture. The therapeutic hold is executed when a youngster begins to scream or thrash or when a staff person thinks a youth is about to become violent. One or two staff members step in and hold the youth, mostly so he cannot hurt himself or others. A staff member wraps his/her arms around the youth holding his/her wrists and head so it does not bang against the floor. After a few minutes of intense anger the youth normally calms down. A release occurs and the hold becomes a hug. Then staff try to talk to the youth about the behavior and its cause. Though somewhat simplified, elements of a successful hold include:

- the trigger
- the drop
    - team work
    - shared responsibility
    - physical control
- focusing on immediate issues, actions
    - honesty
    - blowing off steam
- following up on underlying issues and feelings
    - giving voice to and honoring fears of youth
- release
    - youth relaxing, crying, staff giving reassurances and support
- summing up
    - review situation from beginning to end
- follow-up
    - staff talk to each other

Staff are well-trained in how to apply a hold so they feel comfortable and do not communicate any fear to the youth.

A third and related principle, is Hill's commitment to a re-educative rather than a medical model. Since behavior is viewed as adaptive or maladaptive to survival in society, rather than healthy or sick, everyone is viewed as having both strengths and weaknesses. The aim of treatment is to compensate for weaknesses and to focus on ego development.

A fourth principle, which guides Hill programming, is the belief that youth must not be isolated but must have access to the community to provide them with both normalizing experiences and exposure to less obviously disturbed people. The program provides opportunities for community volunteers to integrate with youth and for youth to participate in various community events.

A fifth principle states that treatment plans must be individualized, due to the extreme diversity of clients. This creates a new definition of fairness. Fairness does not mean that everyone gets the same; rather everyone gets what is defined as necessary for the successful achievement of treatment plan goals. People's needs are different, and this diversity requires programmatic flexibility.

And, lastly, Hill staff have adopted an underlying belief that external oppression (class, race and sex) have impacted on the lives of the youth that they treat. Groups and individual sessions try to develop a consciousness and understanding of some of these factors as part of the treatment process.

These principles are communicated to all Hill staff as part of their training and orientation. Staff hired to work at Hill seem comfortable with this value system and believe that it contributes to a sense of mission for the organization and to strong staff morale. These principles are reflected in the programs and services at Hill and how they are operationalized.

THE PROGRAM

As indicated previously there are three main program elements at Hill: the residence, the school and clinical therapy. Each of these three components are integrated at intake, in the development of the ITPs, throughout the treatment process and in discharge planning. Treatment is conceptualized at Hill as consisting of four phases or stages depicted in the following chart. Each component plays a role in the youth moving through these stages.

Figure 2

HILL ADOLESCENT CENTER

PHASE-STAGE CONCEPT

STAGE	PHASE	PRIVILEGES
I. Entry	Orients Complies (honeymoon) Tests Reorients/reclarifies	None 1:1 in community
II. Problem/Goal Definition	Shows behaviors Denies Retests Recognizes behaviors as problems Sets goals	Supervised time in community
III. Working Through	Establishes relationships with peers and staff Develops ability to deal with authority Verbalizes and contains feelings Explores deeper issues Imitates role models Practices new behaviors Learns new skills Negotiates Chooses/acts on options Controls impulses	Chooses activities Limited unsupervised community time
IV. Graduation	Holds on Regresses Expresses ambivalence about growth/leaving Grieves Accepts Explores next steps Lets go and moves on	Represents other youth Substantial unsupervised community time

Intake Procedures

A social worker has been assigned with the responsibility of the intake process and the overall monitoring of treatment. Referrals to the Hill Adolescent Center come from the state Department of Mental Health. When a referral is made the social worker does a synopsis of the history derived from psychological and psycho-social reports on the youth. An administrative team, composed of the residential directors, the clinical director and the school director, meet to review the case. Other agencies involved with the youth may also attend this meeting.

Since Hill has a small number of places and a waiting list, a number of eligibility criteria and guidelines to set priorities have been developed. Eligibility criteria include:

- history of violence against self or others;
- extremely poor impulse control and/or low reality testing;
- threat of placement or current placement within an institution;
- inability to be treated in a less restrictive setting; and
- appropriate educational prototype.

Priority is given to those youth who meet the greatest number of eligibility criteria; and/or who have no other services available to them. Factors, such as gender and diagnostic category, also play a role so that the program is appropriately balanced.

If a youth is accepted, a case summary is sent to all components. The school at that point initiates the necessary paper work for the transfer of the youth to the Hill School. A ten-day intake transition schedule is set up enabling the youth to visit the school and the residence. Once a youth is admitted into the program the first few weeks are devoted to getting to know and understand the adolescent. The youth is placed on one-to-one status, meaning that a residential staff person is with him/her at all times. Staff encourage the manifestation of all behaviors so they can develop a complete picture of the youth in developing a treatment plan and determining anchor points. A therapist is assigned at the outset and treatment begins immediately.

After six to eight weeks a data gathering session is convened by the intake social worker. The head of the residence, the milieu therapist, the youth's therapist, the school's lead interventionist and the program director all attend this meeting. Observations are compared, patterns noted, and some initial hypotheses developed regarding the best way to work with the youth. All three components agree on treatment goals for the youth based on this early "picture". A second meeting is then held to confirm these hypotheses and adjust the treatment goals. Each component of the milieu -- the residence, the school and the therapist -- develops strategies for implementing each treatment goal. The IEPs developed by the school are coordinated with each youth's treatment plan. Every six months the treatment team reconvenes to review the treatment plan. In addition, a case review can be called for at anytime by any member of the staff. The intake social worker meets with the youth to go over the treatment goals. She also has responsibility for continued coordination of the treatment plan and for monitoring its implementation.

Residential Component

The residential component of the milieu is the foundation of the reparenting model. It provides the environment for establishing peer relationships and one-on-one relationships with adults. Line staff comprise "the family" of the youth. They set limits, help the YAs follow the routines, observe and manage behavior, engage in therapeutic intervention, provide nurturing and serve as positive role models. Line staff transport youth to their various activities, implement the status precautions, conduct groups, assist with chores and meals, plan and attend free time activities with the YAs. In short, they are there for the youth at all times. The residence is staffed for two shifts. During the day there are three staff and a shift supervisor; in the evening staff are reduced to two.

A typical schedule during weekdays includes the following activities:

- wake up time, breakfast and morning chores
- school from 9:00 a.m. to 2:30 p.m.
- appointments with therapists in the afternoon
- group house meetings }
- community meeting of all residents } Wednesday
- dinner
- evening recreational activity
- free time
- chores

All youth are responsible for chores in the morning and in the evening. Tasks are shared and also rotated. Everyone, including staff, takes turns cooking meals. Vans are available for staff to transport youth back and forth to school, to doctors appointments in the community, and to their appointments with their therapists.

Each Wednesday there is a meeting of the individual residences to talk about issues or problems. A community meeting is also held on Wednesday for all line staff and residents. At the time of the site visit the major focus of discussion centered on an event that had occurred earlier that week. A youth had run and when apprehended by a staff person had punched him. Discussion focused on the consequences for running away and hurting a staff person. That in turn, led to a dialogue on feelings - what it meant to care for someone and how staff felt when a youth hurt or lashed out at them. Hill staff believe that youth need to learn that their behavior has a personal impact on others and that there are human consequences of their actions. This is all part of learning how to relate.

Residential staff also run separate groups--one for women and one for men. These groups have been ongoing. Initially each group began by building a feeling of trust among members. Gradually, as defenses started breaking down, members were able to talk about sensitive issues such as their experiences of being sexually abused. These were shared by others in the group. The women's group also has dealt with broader issues of exploitation and oppression of women in society.

Being located in a rich cultural environment provides a wide array of activities and events for the YAs. Staff plan activities with youth, sometimes going to a movie or a concert. Recently YAs attended the play, "Ruby Fruit Jungle," by Rita Mae Brown, which was playing on the Smith campus. Their attendance prompted a rich discussion of many of the issues raised in the women's group. On weekends, the majority of time is spent in chores or in recreational activities. During the summer months line staff (sometimes in conjunction with school and clinical staff), take youth on a four week trip camping or visiting places throughout New England or Canada. For the remaining four weeks day trips are planned. One trip that several of the residents made last summer took them to Cape Cod, New York, New Jersey and Washington, D.C.

Clinical Component

Hill describes its clinical orientation as based on psychodynamic and depth psychology theory, integrating an object relationship focus with depth psychology and Jungian analytic psychology. "These are very object hungry kids," says the clinical director. "Tremendous emphasis is placed on helping youth to build relationships." These relationships are built on the exchange of genuine feelings--hurt, anger, sadness and surprise. Therapists see their role as developing insight and beginning to diminish barriers so that reparenting can occur.

Interventions include extensive individual therapy and family therapy in those cases where appropriate. Individual therapy takes many forms at Hill. One therapist who was having difficulty reaching a youth took her to breakfast at MacDonalds several times a week and they would talk. Playing games is another approach. If, for example, a youth is having difficulty in verbalizing his feelings, the therapist may play a game in which the youth chooses cards which ask him how he feels in certain situations, ("What makes you angry?", "When do you feel sad?" etc.)

Clinicians work closely with residential and school staff so that all aspects of the youth's environment are therapeutic. Regular meetings are held in the course of treatment on how to deal with particular situations and/or with particular youth. Clinicians try to help staff to understand the theory behind the behavior and the treatment.

There are five clinicians on staff. Each has a caseload of eight to ten adolescents, some in foster care and some in residential care. Individual therapy is usually scheduled twice a week either before or after school. Individual therapy is also supplemented by art and music therapy.

A nurse on staff, who is also part of the clinicial team, assists the YAs in a number of important ways. Many severely emotionally disturbed youth have frequent somatic complaints. Hill's nurse oversees the youth in residential treatment and makes referrals to physicians and dentists in the local community if youth need medical or dental treatment. She also serves an education role, teaching a class in teen sexuality and educating adolescent girls about eating disorders. In this capacity she makes extensive use of community resources: For example, recently YA women attended a mime workshop and discussion group held in the community on common eating disorders such as bulemia and anorexia. The nurse also chairs a weekly medication review committee attended by the psychiatric consultant, the therapist, the residential director and a school representative to regularly review all youth on psychotropic medications. About one-third of Hill's youth are on medications. Hill's stance on the use of medication is basically an acknowledgement that there are biochemical, genetic and organic components to certain emotional disturbances that may need to be managed through medication and/or that may be overcome through compensatory education. Hill staff try to minimize the use of medications and monitor their application. The shift supervisor dispenses medication to youth.

Educational Component

Both youth in residential treatment at Hill Adolescent Center and youth in foster care attend classes at the Hill School. Although Hill is integrally part of the treatment milieu, it is an independent program that is part of the North Shore Educational Consortium.

The approach and philosophy of the Hill School is similar to that of the residential center. The major purpose of the school is to stabilize the youth's behaviors so they can begin to want to learn; to help youth see their own abilities; to provide a safe setting so they can take learning risks; and to teach them needed skills for functioning in the community. Hill's approach to teaching is based on the assumption that getting through the school day is therapeutic. The focus is on following routines and staying with the task at hand. "Hill staff", explains the principal, "will honor the disturbance a youth has but he/she still must go to class". The school also provides an additional opportunity for youth to develop trusting relationships with adults, by building relationships around learning.

Most of the youth at the Hill School have not been in a school for years. They have a wide range of learning problems and large gaps in basic knowledge and skills. Because of these backgrounds, the Hill School staff have been trained in and are using a Learning Potential Assessment Device (LPAD) and Instrumental Enrichment Techniques (IE) developed by Reuven Feuerstein in his work with Israeli adolescents who were retarded in intellectual performance as a result of their diverse cultural origins, disrupted lives and limited opportunities to learn. The LPAD is a process whereby a teacher engages the child in a clinical, teaching and learning exercise to discover the way the child perceives the world, processes information acquired and communicates the results. The IE techniques consist of a series of "instruments" or pencil and paper exercises designed to overcome cognitive deficiencies. Areas include analytic perceptions, categorizing, sequencing and intuition. The goal of the IE is to first identify deficiencies, then the teacher serves as a mediator to work with the student to overcome these deficiencies.

At the Hill School, a staff of twelve work with a maximum of 23 students. Staff include a director and an educational services coordinator who monitor the IEPs. A treatment coordinator is responsible for the treatment planning process, representing the school at weekly meetings of residential and clinical staff. Two interventionists, who "float" in the classroom to support the teachers, are available to intervene in crisis situations. They also provide counseling to the youth. Seven teachers provide instruction in a variety of subjects including math, language arts, social studies, science, art and woodworking. All staff are expected to play a variety of roles: teacher, learner, authority figure, friend, and counselor.

A typical school day begins with a phone call from the residences to the school to report on the status of the youth. School staff are alerted to any occurrences in the residences, changes in youth on one-to-one status, or changes in medications. At 8:00 a.m. the interventionists and treatment coordinator meet to discuss strategies for dealing with particular youth. From 8:15 to 9:00 a.m., all staff meet to plan for the day, to discuss any special interventions with particular youth, and to receive feedback from meetings held during the week. At 9:00 a.m., all youth and staff gather for "homeroom". This is a time for reviewing the days activities, discussing any special events and setting a relaxed mood. It is also a time for staff to gauge how youth are doing. During the day of the site visit, discussions centered around the weather and a local college football hero's future plans. One of the teachers, accompanied by her guitar, taught everyone to sing "Last Night I Had the Strangest Dream" and talked about the significance of the song. During this homeroom period, staff also acknowledged to the group any youth that seemed to be having a particularly hard day. From 9:30 a.m. to noon the youth attend four 35 minute classes. Classes are small with students organized into four groups. Teaching is highly individualized. Classes include language arts, math, social studies, instrumental enrichment, science, and dreams and drama, a special class where youth and teachers act out some of their dreams. After a lunch break, teachers and youth gather for a half an hour session to deal with any issues that have arisen in the morning and to set the mood for the afternoon. Afternoon classes, scheduled from 1:00 to 2:30 p.m., include recreation, art, health and sexuality, cultural awareness, computers, woodworking and GED preparation: YA's get to choose activities during this time.

Tuesday is a short day, ending for the youth at 12:30 p.m., so that staff can meet. These meetings are devoted to training, curriculum development and a special session called "stuck places", which focuses on working with particular youth where little or no progress is being made. On Wednesdays, to accommodate the meetings of the residential staff, the school day is extended until 4:30 p.m. On Friday afternoons field trips are arranged and may include skiing, bowling, hiking or other similar types of activity. A student council, staffed by the treatment coordinator and the head interventionist, meets weekly. All students are involved; the meetings deal with a variety of issues--drugs, experience and comparisons with other schools, Hill School items, etc.

The school also provides a guidance system. Counselors meet with youth to discuss their education goals and what the youth needs to do to reach these goals. Goals may be to complete the G.E.D., to get a certain kind of job or to pursue an interest in a special subject.

When a youth is disruptive the emphasis is on responding to the problem immediately, with an intervention that matches the intent and intensity of the acting-out, and then on returning the youth to the classroom as soon as possible. All staff of the school are expected to be able to lead an intervention because acting-out behavior can occur at any time. According to the principal, having all staff capable of working directly "on line" makes youth feel safe no matter who they are with and it builds a sense of staff teaming and support. The repertoire of interventions used at the Hill School includes talking on a one-to-one basis, setting limits, responding paradoxically (i.e. if a youth insists on acting like a four year old treat him as one), group meetings and sessions, or holds. The flexibility to choose the appropriate type of response is the key.

Communication

Communication is a critical element to ensuring linkages between program elements and continuity of the intervention. Hill has a no confidentiality rule, specifying that information on a youth must be shared with all staff involved with his or her treatment. Logs follow YAs around throughout their day from setting to setting. Each day the log sheet indicates the general atmosphere of the youth in the residence, whether any incidents occurred or holds were used, the youth's status, activities, medical information, appointments, and major themes of therapy. A variety of meetings are also held on a weekly basis -- meetings of school and clinical staff, residential and clinical staff, treatment planning meetings, administrative meetings etc. These are discussed in greater detail in the section on staffing.

SPECIAL PROGRAMS

• Foster Care

Tri-County runs a foster care program, which is a recent consolidation of two former programs: NEXUS, a program which provides foster homes for adolescents, 14 to 18, who have been committed by the courts to the state Department of Youth Services and ALY, Alternative Living for Youth, a foster care program for emotionally disturbed adolescents who need a less restrictive setting than a residential program or a psychiatric hospital. The consolidation was designed to unify the programs so that Tri-County could offer a continuum of care, especially for the youth who completed the Hill Center and had no follow-up program available as the next step in their move toward independence.

Tri-County conducts home assessments and training of foster parents. The clinical staff of Tri-County also provides supervision to foster parents. Youth placed in homes are assigned a case manager and usually a therapist. Youth may attend the Hill School or other special education programs. Hill graduates who are placed in foster care continue to see their same therapist and may still attend the Hill School. From January 1980 to November 1984, 314 clients have been served by Tri-County's foster care programs.

INVOLVING FAMILIES

Most of the youth who come to the Hill Adolescent Center have not been living at home; they have previously been in a state hospital unit, jail, a detention center or in respite care. As indicated in the discussion on the client population, many of these young people have been abandoned as children or abused, both physically and sexually. In some cases geographic distance makes close and sustained contact difficult. However, Hill staff do make a commitment to working with the family, if indicated.

When a youth is accepted into the program, a letter is sent to the parents to arrange for the youth's therapist and the intake worker to make a home visit and do a family assessment. At that time a decision is made regarding the appropriateness and advisability of family therapy. Of the 17 residents in the program, less than half have families who are amenable to family therapy. In some cases refusing contact between the youth and the family is indicated and is part of the treatment plan. Parents are invited to visit youth at the center on the third Sunday of each month.

DISCHARGE PLANNING AND CONTINUITY OF CARE

The intake worker at Tri-County, who monitors the treatment plans, also has the responsibility for discharge planning. In actuality, however, all staff participate in the decision of when a youth is ready to begin preparing for discharge and what those plans should entail. At some point in the course of treatment, it becomes evident to staff in a case review or administrative meeting that a youth is ready for discharge. Though staff may make recommendations, the official decision is made in the treatment planning meetings. This usually occurs at least six months in advance of the actual discharge. Discussions then take place around what constitutes an appropriate placement. Since there are not many adequate alternatives for these youth, this is a difficult process.

Most youth are 18 to 22 years old when they are discharged. Usually their families are too dysfunctional to take them back, yet many are not ready for independent living. The next step in the continuum is frequently foster care. As noted earlier, about one-third of the Hill residents are placed with Tri-County foster parents. Others may go into another foster care system. An ideal situation for many of these young people would be a less restrictive, supervised group home setting or structured apartment living, but such settings are not available for those youth in western Massachusetts.

Once it is determined where a youth is going, work and treatment are directed at assisting the youth in making the transition. If a youth is going to be placed in a Tri-County foster home, he/she will meet with the foster parent and be assigned a case manager. The youth will continue to see his/her therapist and will remain at the Hill School. Those who have their G.E.D.s may be able to get jobs; others may be in a vocational training program. In about 20 percent of the cases, youth are prematurely discharged. Premature discharge occurs if a youth's acting out is unmanageable in an unlocked setting (e.g., a violent sex offender who is a perpetual runner) or if a youth refuses treatment and is willing to seek legal counsel to be discharged.* Termination is an extremely difficult and wrenching process for these youth. The relationships they have developed through the program and the caring they have experienced, for most for the first time in their lives, makes separating painful. Many of these youth make enormous progress in treatment, but they require the intensity of a residential setting. The move to foster care requires too great an adjustment for some of these young people to make successfully.

COMMUNITY LINKAGES

Tri-County works closely with community agencies in meeting the needs of the youth it serves and in providing a continuum of care. The intake worker maintains regular contact with the Department of Youth Services, the Department of Mental Health and the Department of Social Services. Daily log entries and weekly meetings on administrative and treatment matters are shared with agency staff involved with a youth. Agency staff may also be involved in treatment planning, review, and discharge planning. Monthly phone contact is made to update local educational authorities on progress of youth at the Hill School. Periodic IEP previews are also conducted.

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* In Massachusetts, clients cannot be involuntarily committed to community settings.

Tri-County also has good relationships and close contact with the local community. The nurse on the staff works with health providers in the area and keeps abreast of community activities and resources offered by the family planning agencies and other local groups that can supplement Tri-County services. The police and hospitals are an important back up to Tri-County if runs or suicide attempts are made. Both these community resources have been supportive allies of Tri-County.

In addition, Tri-County involves local community members and providers on various boards. The agency has a board of directors and the Springfield residence has appointed a community advisory board.

STAFF AND PROGRAM ADMINISTRATION

Since Tri-County is an agency with multiple programs and a staff of over 80, it also has a fairly complex administrative and organizational structure. The administration of Tri-County is conducted by the executive director, an associate director, a fiscal manager, and an executive steering committee, comprised of the various directors of the Tri-County program components. The steering committee meets every other week on Fridays to discuss and make recommendations on overall agency issues. All program heads (director of foster care and the director of the Springfield residence) report to the associate director, who also serves as the director of the Northampton residences. A ten-member board of directors advises the executive director on all agency policy matters.

Hill's treatment approach depends on a dedicated, well-trained staff and a high staff to client ratio. During the day for every two youth in the program there is one staff person. As mentioned earlier, the residential, educational and clinical staff all act as part of a team. There are many occasions when the units of the team meet together and are integrated, there are other times when they meet and work as separate components.

The residential staff provide the core of treatment. Each residence has a director (Northampton also has a program director), a house manager, two shift supervisors and line staff (three per residence for the day shift and two for the evening shift). The residential director oversees the residence, interfaces with other components, supervises staff and facilitates meetings. The house manager assumes responsibility for the day to day scheduling and household management tasks. Hill also has a milieu therapist. This was a job that was created to suit the skills and talents of one of the line staff who had proven to be extremely effective in working with the youth. The milieu therapist acts as a liaison between the houses; he also monitors interventions, sees that treatment plans are implemented and oversees the groups.

All the Hill staff recognize that the job of the line staff workers is a difficult one. It is estimated to take at least a year of working at Tri-County to fully grasp the level of work and Hill's complex model of treatment. All residential staff are given 40 to 80 hours of basic training. Continuous supervision is provided by other residential staff, by clinical staff and by school staff -- individually and in joint meetings. Staff also receive strong support from administration. The residential staff recently joined a local union. Although this will add a level of complexity to the decisionmaking process when contracts are negotiated, administrative staff strongly supported the move.

The clinical staff consist of the intake social worker (an M.Ed), four therapists -- three males all with masters degrees in psychology, two working on their doctorates, and one female M.S.W. -- and a clinical director, who is also an M.S.W. In addition to providing therapy to youth, in residential and foster care, and their families, the clinical staff also provide supervision to foster care caseworkers, residential and school staff. Every Wednesday the clinical staff provide consultation to house staff on individual youth or on more general treatment issues. This time is also used to conduct training sessions on such topics as incest, sexuality in adolescence and working with sex offenders. On Tuesdays, clinical staff consult with the Hill School staff in their "stuck places" meeting. The nurse, who is also part of the clinical staff, is available to provide staff training. Every Wednesday morning the clinical staff convene for a two and a half hour meeting during which clinicians alternate in making case presentations for peer review. This time is also used to discuss different theoretical approaches to psychotherapy as well as administrative concerns of the component. Every other week all clinicians meet with the clinical director for supervision. In addition, clinicians receive supervision weekly from a social worker on staff at the Smith College School at Social Work.

Hill, not unlike many other residential treatment programs, has experienced the inevitable conflicts between clinical and milieu staff, but this is viewed as a creative, rather than a disruptive, tension. Residential staff are described as "rawly superb", but they come to the program and their jobs with vastly different backgrounds and values. According to the associate director, the program needs to establish norms and develop a consistency of approach. The clinical staff feel it is their role to provide milieu staff with an understanding of a dynamic view of youth and to help insure that the parenting model that staff are offering to youth is the right one. On the other hand, the line staff feel that they see these youth day in and day out in all situations; and as a result they have a more realistic sense of which approaches work.

The school staff will not be discussed here because it has been described in the section on that program component. Suffice it to say, the pattern of team work, joint supervision and support, dedication, and compassion for the youth in the program characterizes the school staff as it does the residential and clinical staff.

The staff turnover rate at Tri-County is low. Most staff have been with the program since it started. The majority of the school staff have worked with the program for eight years. In fact, there is a waiting list for employment at Tri-County. Factors responsible for this low turnover rate, despite the difficult nature of the job, are the sense of mission, the similar values and ideologies of staff employed at Tri-County, the dynamic decisionmaking process which involves all staff, the diversity of the job and the freedom to be creative.

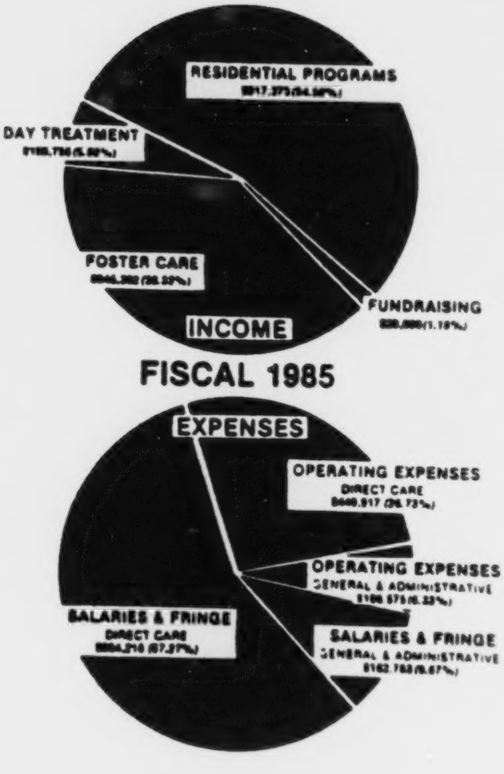
FUNDING AND BUDGET

In 1985 Tri-County Youth Programs had a $1.7 million dollar budget. The source of those funds were derived primarily from contracts with state agencies. The Department of Mental Health provides two-thirds of the funding and the Department of Social Services and Youth Services the remaining third. Other sources of funds include donations, SSI monies, and federal nutrition dollars. Money for the Hill Adolescent Center comes primarily from the Department of Mental Health. A breakdown of the allocation of resources by program and expenses is shown on the following page.

The residential program, as seen in the figure, represented approximately 54 percent of the agency's budget or $917,373. The major portion of those funds are spent on salaries and fringe benefits. The facilities in Northampton have a lease space agreement with the state hospital, but Tri-County pays a mortgage on the Springfield residence. The Hill School has a separate budget with funding coming from local school systems under the state's special education law. The school's budget for 1984 was $269,000 -- $190,000 of which covered salaries and fringe benefits.

Because of the intense staffing ratio, costs of the program per youth are high. It costs approximately $69,000 a year for each youth in residential treatment, including education costs.

Figure 3
Tri-County Income and Expenses
for 1985



PROGRAM NEEDS AND FUTURE PLANS

Tri-County recently celebrated its fifth anniversary. From 1981 to 1985 its budget has grown from $419,000 to $1.7 million. In the last year alone the budget grew by $800,000. This rapid growth occurred because of the availability of funds to develop community-based services and Tri-County's responsiveness to expanding services for its client population. But, staff acknowledge, there are growing pains whenever an agency expands so rapidly. "It's like the local 'mom and pop' store becoming a supermarket", says Tri-County's executive director. Tri-County has gone through a chaotic period and now plans to stabilize its development, focusing on building a sound administrative structure for its programs.

GUIDANCE

Hill staff believe a number of factors have been instrumental in their program being able to reach its adolescent residents and make a difference in their lives. The following ingredients, some internal and some external, were cited as important to the program's success.

- Staff and program innovations. The program encourages staff innovation through their direct involvement in the treatment planning, development of strategic interventions and aftercare planning. The program is flexible enough "to go where the magic is" - building on a special relationship or program that seems to be working with a youth.

- Not re-inventing the wheel. The program is constantly looking for and at others' ideas that can be modified and applied to the Hill program. For instance, the program has borrowed from the Browndale Program of Canada; the Canadian Psycho-Educational Model; St. George's of California, a Jungian psycho-analytic model; the work of Bettleheim and Redl, as well as concepts of re-education.

- Staff-centered diagnostic work. The line staff are responsible for doing the diagnostics on the residents along with the clinical staff.

- Interdisciplinary approach to treatment. There is equal status among staff (clinical, residential and education staff) regarding approval of treatment plan changes/development and strategic interventions.

- Line staff are considered the child's primary therapeutic relationship. The Hill Adolescent Center emphasizes the utilization of the line staff as full professionals in the therapeutic milieu.

- Collaborative hierarchical management model. The staff of the Hill program have substantial input to the management decisions of the Center and have equal voice when clinical decisions regarding treatment of the adolescents are being made.

- Political convictions underlying Tri-County's philosophy. As "intangible" as these political convictions are they have given Tri-County it's conscience, and they carry over to it's treatment philosophy as well. The child is diagnosed in terms of all of the factors influencing his/her development, including those with a political dimension such as racism, sexism, and classism. This approach allows children to view themselves in a socio-political context, which helps them toward empowerment by allowing them to see those aspects of their lives that they cannot control but that have had a major impact in their development. In addition, this political philosophy has led to the hiring of a special type of employee. The staff of the program is also reflective of the ethnic, cultural and socio-economic make-up of the client group.

- Training and supervision. This support has led to low staff turnover and low staff burnout. Many of the staff at the Hill School have been there for three to five years (The program is five years old).

- Safety. The program has minimized the issue of staff and client safety through careful planning and training to enable the staff to handle a broad range of emergency situations, and acting out behaviors with viable intervention strategies.

- Staff qualities. Hill staff possess the kind of qualities necessary for working with severely emotionally disturbed adolescents; these qualities include the ability to know who they are, to be open and able to express feelings, to be genuine and emotionally honest and to be dedicated.

External variables that have led to the success of the program are:

- Major federal court consent degree (Brewster vs. Dukakis). This has led to a major overhaul of the state's mental health system in western Massachusetts. It has also been the single greatest factor in re-shaping public opinion of mental illness and community-based treatment of the mentally ill. The decree has required the state to reduce the population at the Northampton State Hospital with the eventual goal of closing the main facility completely in favor of smaller community-based facilities and better utilization of community general hospitals' psychiatric units to provide short-term acute care.

- More dollars. The decree has set the stage for the legislature to appropriate more dollars for community-based treatment and to address the need for the capitalization of an alternative mental health system.

- Minimized opposition. The decree has made it difficult for the opponents of community-based care to propose any expansion of the institutional care system.

- The political success of advocacy groups. The continuing efforts of these groups making the case for programs such as Hill, as well as Hill's own efforts, have led to continuing funding support from the legislature.

- "Youth" oriented system. The state agencies that the program does business with are very "youth" oriented. The Departments of Mental Health, Youth Services, Social Services, Office For Children (state advocate for children and the licensing agency for all children's programs) have all worked for the development, survival and funding of Hill over the years. In addition, local public agencies are very "youth" oriented as well. Agencies such as the court and the police and school systems have been very supportive in working closely with Hill staff. The state also has had one of the most far reaching special education laws in the country since 1972 (Chapter 766 of the Acts of 1972), which has made the local school systems completely responsible for the special education of these children in the least restrictive setting possible.

APPENDIX A

CONTACT PERSONNEL AND ADDRESSES OF DAY TREATMENT AND RESIDENTIAL PROGRAMS SELECTED FOR NIMH VISITS

APPENDIX A

DAY TREATMENT AND RESIDENTIAL PROGRAMS SELECTED FOR NIMH SITE VISITS

Revised August 1988

ADVANCES of Wiley House (DPT)
Centre School
RD #1 Box 3T
Mohrsville, PA 19541
Program Supervisor: Joseph Conway
(215) 926-6749

Alpha Omega (RTP)
Adult/Adolescent Counseling, Inc.
One/Ten Pleasant Street
Malden, MA 02148
Chief Executive Director: Paul J. Rigby
(617) 322-8399

The Children's Village, Inc. (RTP)
Dobbs Ferry, NY 10522
Executive Director: Nan Dale, M.S.
(914) 693-0600/(212) 202-7282

City Lights (DTP)
724 9th Street, NW
Washington, DC 20001
Executive Director: Bert L'Homme
(202) 347-5010

Lad Lake, Inc. (RTP)
PO Box 158
Dousman, WI 53118
Executive Director: Gary L. Erdmann, M.B.A.
Director of Treatment Services: Dennis J. Neuenfeldt, M.S.W.
(414) 965-2131

Poyama Land (DTP)
460 Greenwood Road
Independence, OR 97351
Executive Director: Christopher White, A.C.S.W
(503) 581-6945

Regional Institute for Children and Adolescents - Rockville (RTP, DTP)
15000 Broschart Rd.
Rockville, MD 20850
Executive Director: John L. Gildner
Medical Director: Albert Zachik, M.D.
(301) 251-6800

The Spurwink School, Inc. (RTP, DPT)
899 Riverside Street
Portland, ME 04103
Executive Director: John Rosser, Ed.D.
Director of Program Operation: Harvey Berman, M.A., C.S.W.
(207) 871-1200

Tri-County Youth Programs, Inc. (RPT, DPT)
16 Armory Street
Northhampton, MA 01060
Executive Director: Hal Gibber
(413) 586-6210

Whitaker School (RPT)
K Street
Butner, NC 27509
Executive Director: Mary Behr
(919) 575-7372

Youth Residential Services of Summit County (RTP)
680 East Market Street, Suite 201
Akron, OH 44304
Executive Director: Sherry Gedeon
(216) 762-7671

APPENDIX B

DESCRIPTION OF OTHER RESIDENTIAL AND DAY TREATMENT PROGRAMS

DESCRIPTION OF
DAY TREATMENT PROGRAMS

California

- DAY TREATMENT AT THE CLEVELAND ELEMENTARY SCHOOL
  A public and private collaboration for the children of San Francisco
  455 Athens
  San Francisco, California 94116
  Contact -- Susan Drager, Project Coordinator

This program, to be fully implemented in January of 1985, is a demonstration project jointly undertaken by the Edgewood Children's Center, the San Francisco Unified School District and San Francisco Community Mental Health Services. This collaborative effort, which is designed to serve as a model for other communities, combines therapeutic mental health services with special education classes at a public school site. The treatment approach is multidisciplinary and focuses on the "whole" child in the context of the family, school and environmental systems. The program will serve approximately 40 children, ranging in age from six to eleven. Day treatment services will include assessment and case management; individual, group, and family therapy; parent training; milieu therapy; vocational preparation; and referral services. The educational and therapeutic components of the program are interdependent and will be determined by the child's individual needs and treatment plan. The project is expected to cost approximately 40 percent less than existing programs in San Francisco.

- EDGEWOOD CHILDREN'S CENTER DAY TREATMENT
  2665 28th Ave.
  San Francisco, California 94116
  Contact -- David A. Reinstein, Director

Established in 1978, the Edgewood Children's Center provides day treatment and comprehensive educational programming for severely emotionally disturbed children, ages three and a half to twelve. The operational orientation of the program is psychosocial developmental. Multiple program elements, which include educational, clinical and after-school programming, provide an integrated intensive service. This program is frequently used as a "last ditch" effort to maintain children at home or for those children for whom residential treatment may be clinically indicated but is not possible due to lack of funding for non-court dependents. Program capacity falls in the range of 26-50 children.

- INSTITUTE FOR THE ARTS OF LIVING
  2515 24th Street
  San Francisco, California 94110
  Contact -- Alexander Montenegro, Ph.D.

Established in 1981, the Institute for the Arts of Living is a day treatment program serving eleven to 25 adolescents, age twelve to 18. Each adolescent attends the program for a half day. The program is designed to serve severely mentally disturbed youth and their families and its referrals are mainly from hospitals. Treatment includes five modes of therapy with emphasis on "normalization." The five modes of treatment are activities therapy, group therapy, family therapy, individual therapy and prescription and monitoring of medications. The program also has a case management component for coordination of services. The program is divided into four progressive phases based on the accumulated number of points given for token economy and individualized goals:

(1) Intake/Assessment - approximately four weeks
(2) Phase 1 - Membership: Acquisition Stage (two months)
(3) Phase 2 - Membership: Maintenance Stage (two months)
(4) Termination: Generalization Stage (one month)

Although the minimum duration of treatment is six months, referred youth spend an average of nine months in the program.

Connecticut

- ELIZABETH BROWN DAY PROGRAM
  Sheldon Community Guidance Clinic
  26 Russell Street
  New Britain, Connecticut 06052
  Contact -- Patricia Micheleh, Treatment Coordinator

This day treatment program, established in 1976, provides services to 14 adolescents between the ages of 13 and 18. The primary referrals come from the public school and juvenile justice agencies. Each adolescent participates in the program for an average of ten months. The program philosophy of treatment is based on the therapeutic community and reality therapy.

- FAMILY SCHOOL DAY TREATMENT PROGRAM
  Greater Bridgeport Children Services Center
  1450 Barnum Avenue
  Bridgeport, Connecticut 06610
  Contact -- Ronald F. Quinto, Executive Director

This state-operated program serves up to 35 children from five to 13 years of age. Established in 1970, the program provides day treatment for seriously emotionally disturbed children who require a five-day a week therapeutic setting. The unifying problem for children served is failure to adapt personally, socially and academically. The treatment team reflects these three aspects and works toward an integrated approach to treatment planning and implementation. The treatment focus is on the whole family. The objective of intense family involvement is to have changes in the child parallel with appropriate changes in the family so that treatment gains can be maximized to the extent that the family and child can successfully utilize community support systems. On the average, children participate in the program for 18 months.

- MID FAIRFIELD CHILD GUIDANCE CENTER
  74 Newton Avenue
  Norwalk, Connecticut 06851
  Contact -- Susan Feldman, Program Director

Mid Fairfield Child Guidance Center, which has been in existence since 1978, serves children age six to 13 years old and has a capacity to handle up to ten children. This day treatment program is designed for children who present extreme dysfunctional behavior in the school and community. Through extensive therapeutic treatment (including behavior management, individual and group therapy, socialization activities, follow-up programs, a therapeutic summer camp, and family support and training) children are maintained in their current home, school and community environments. This program is considered to be a leader in working with school phobic children and developing an effective system of coordinating educational services with the local school system.

Florida

- THE BERTHA ABESS CHILDREN'S CENTER
  2600 S.W. 2nd Avenue
  Miami, Florida 33129
  Contact -- Kay Kaldor, Psychoeducational Specialist

The Bertha Abess Children's Center is a private, non-profit facility established in 1962 as a coventure between the public schools and a mental health facility. The day treatment program maintains programmatic linkages with community agencies and providers through three-year coventure agreements with schools, contracts with community mental health providers, and other informal networks with child welfare agencies, juvenile justice agencies and vocational rehabilitation services.

The program serves over 50 children, ranging from 4 to 16 years old. The clientele is diagnosed as having childhood on-set pervasive developmental disorders, other schizophrenic and psychotic disorders, attention deficit disorders, disorders of impulse control, and affect disorders. The day treatment program combines behavioral, ecological and sociological models in dealing with these problems.

- CHILD GUIDANCE CLINIC
  1635 St. Paul Avenue
  Jacksonville, Florida 32207
  Contact -- Leslie Allen, Coordinator School Related Services

The Child Guidance Clinic, a private, non-profit organization, is a cooperative program between two urban agencies. The All Saints Preschool Day Treatment Program was the first one established in 1975 and is located in a Title 20 Day Care Center. The Residential Grandpark Program started its cooperative program with Duval County School System in 1983. The staff mainly consists of the school board employees.

Both day treatment programs have a clientele of 26 to 50 youth between three and 15 years old. Many of the children at both sites are diagnosed as having conduct disorders, disorders of impulse control, attention deficit disorders, other disorders of schizophrenia, psychosis. In treating these disorders, the programs combine psychodynamic, ecological and behavioral approaches.

Georgia

- MERIT Adolescent Day Treatment Program
  Central Fulton CMHC/Grady Memorial Hospital
  1046 Washita Avenue, N.E.
  Atlanta, Georgia 30307
  Contact -- Thelma E. Truss, Director

This urban day treatment program serves eleven to 25 adolescents age 14 to 18. Students may continue through age 21 if they remain in school and continue to need these services. The principal treatment philosophy is based on the behavioral model, but also relies on psychotherapeutic techniques and family/peer interventions. A wide variety of services are offered, including drug counseling and work study. Most adolescents remain in the program for at least two years. This program is located in a community high school and is a joint venture between mental health and education. This arrangement is considered a major factor contributing to the program's success.

Hawaii

- CHILDREN'S DAY TREATMENT CENTER
  Mental Health Division of the Hawaii Department of Health
  3627 Kilauea Avenue, Room 111
  Honolulu, Hawaii 96816
  Contact -- Dr. Hector Robertin, Clinical Psychologist, HEAD

The Children's Day Treatment Center is a short-term day treatment facility, established in 1979, for severely emotionally disturbed children ages four to twelve. The program can accommodate up to ten children. Each child in the program usually rotates through the course of a day among an educational therapist, occupational therapist, and a paramedical assistant, as well as participating in psychotherapeutic sessions weekly. All parents are involved in the center's efforts, some in weekly sessions with center therapists. According to clinical staff of the center, the "program is considered 99 percent effective - in two years, with approximately 90 clients, there has been one return." Starting this fall a behavior point and "ranking" system will be implemented.

Illinois

- BEACON THERAPEUTIC SCHOOL
  10650 S. Longwood Drive
  Chicago, Illinois 60643

Established in 1968, the Beacon Therapeutic School is a private, non-profit day school that provides services to more than 50 youths. Both educational and psychological needs of the students are addressed from an overall psychoanalytic perspective. Hence, the approach is necessarily multi-disciplinary, and involves the constant reassessment and coordination of efforts of the teacher/therapists, psychologists, social workers, speech and language therapists, learning disabilities specialists, staff psychiatrist, administrators, support staff and others. The school serves children and adolescents from three to 21 years of age whose emotional and behavioral difficulties make it impossible to serve them adequately in regular public school classrooms. These students can, however, be managed and helped outside a residential facility, and can use the intensive therapeutic experience offered. The school has determined that it best serves students who are often diagnosed as "borderline," "childhood schizophrenic," "conduct disorder," "depression" and "schizoid character," although other diagnoses are often present. Through working on many aspects of the child's emotional, social, behavioral, cognitive and educational functions, the school aims to be the equivalent of a psychiatric day hospital.

- THE MANSION
126 North Wright Street
Naperville, Illinois 60540
Contact -- Gary Luckey, M.S.W., Program Director

The Mansion is an academic and therapeutic alternative education program serving 40 adolescents between the ages of 14 and 18. This day treatment program was instituted, in 1975, at the request of local school districts who felt there was a lack of programs for high school students unable to function in traditional school settings. The program uses, among other things, a group process known as Guided Group Interaction as part of its daily routine and treatment philosophy. It is a group therapy process in which the members learn to identify their problems and take responsibility for helping each other resolve those problems. There is also a supportive group program designed for students who have emotional problems that make it difficult to relate to their peers. Program administrators believe that this peer group model is particularly effective with adolescents and has contributed to the success of the program.

Indiana

- YOUTH DAY TREATMENT PROGRAM
2001 Bayard Park Drive
Evansville, Indiana 47714
Contact -- Donald K. Steinmetz, Ph.D.
Associate Director, Youth Services

This program serves children between three and 13 years of age. The program capacity is 26 to 50 children. Each child participates in the program for an average of six months. The treatment philosophy is primarily behaviorally oriented, although the psychodynamic and sociological models are also utilized. The principal referral sources are the public schools and public or private mental health facilities. This is a cooperative program operated by the Southwestern Indiana Mental Health Center and the Evansville - Vanderburgh County School Corporation, which provides each child with a sound educational treatment program.

Iowa

- DES MOINES CHILD GUIDANCE CENTER DAY HOSPITAL
1206 Pleasant Street
Des Moines, Iowa 50309
Contact -- Marilee Fredericks, Ph.D., Director

The day treatment program, established in 1959, was incorporated into an already established, 24-year old community guidance center. As a private, non-profit organization, the Guidance Center serves eleven to 25 children between six to 14 years old who are diagnosed as possessing conduct disorders, affective disorders, attention deficit disorders, other disorders of childhood and adolescence, and anxiety disorders of childhood and adolescence. Its general approach is educational rather than treatment-oriented. Clientele are screened for need and capacity to benefit from therapy, as well as the parents' ability to support and participate in the program. Children are required to function in self-contained classrooms. The therapist acts as the head of the treatment program and represents the parents' expectations of the child on a day-to-day basis. A nurse milieu-therapist serves as the central communication link; they supervise lunch and recreation, and act as the first intervention of crises.

Kansas

- HOLY FAMILY CENTER
  619 South Maize Road
  Wichita, Kansas 67209
  Contact -- Sister M. Veronice Born, Executive Director

Holy Family Center was established in 1976. It provides a partial hospitalization day treatment program for children ranging in age from six to 21 years old. The center's client population includes 27 boys and ten girls. The treatment services include classroom behavior therapy using a token economy system, as well as weekly individual, group and family therapy sessions. Behavior objectives, procedures for rewarding behavior, and evaluation criteria have been developed and are implemented by all staff who provide direct services to children in the program. These objectives are a component of a student's individual educational plan. The program also offers a parent training program designed to teach parents specific interaction skills to improve their children's behavior.

Kentucky

- NEWPORT DAY TREATMENT
  721 Weingartner Street
  Newport, Kentucky 41071
  Contact -- Bill Penick, Program Director

This program, established in 1971, serves 26 to 50 adolescents between the ages of 13 and 18 years. Most adolescents remain in the program for approximately six months. The treatment program includes educational and therapeutic services as well as drug counseling, parenting groups and community workshops. The major referral sources for the program are the juvenile justice system and social service agencies.

Massachusetts

- LOWELL AREA AFTER SCHOOL DAY TREATMENT PROGRAM
  141 - 151 Middle Street
  Lowell, Massachusetts 01852
  Contact -- Stephen E. Litwack, Ph.D., Program Director

Established in 1981, the Lowell Area After School Day Treatment Program provides academic support, social skill training and individual, group and family therapy in a structured environment to children ranging in age from 7 to 16. The program uses a reality orientation/confrontive model approach to treatment. Students are expected to be accountable for the choices that they make and for the consequences of their behavior. The program has a capacity of 30 children

Missouri

- GOPPERT DAY TREATMENT
  Gillis Center
  8150 Wornall
  Kansas City, Missouri 64114
  Contact -- Barbara O'Toole, Assistant Director/Education

The Goppert Day Treatment program was established in late 1982 and serves up to 40 emotionally troubled boys between the ages of six to 13. The program serves children who exhibit severe behavioral problems in the public school classroom. Although the majority of referrals come from public school systems, referrals also emanate from health care providers/ institutions, families and social service agencies. The program philosophy is based principally on a behavior modification model. Although the Gillis Center also operates a residential program, the day treatment classrooms are separated. This separation offers the ability to provide for the day students' unique needs while combining the program when it is beneficial for both populations.

- SHERWOOD CENTER FOR THE EXCEPTIONAL CHILD
  7938 Chestnut
  Kansas City, Missouri 64131
  Contact -- Elaine Adams, Placement Coordinator

This day treatment program was established in 1974 to serve primarily schizophrenic children ranging in age from two to 21 years. The center has the capacity to serve over 51 children. Behavior management, precision teaching and Lovaas language training are the principal approaches used in treating the client population. Individual therapy is also provided.

Nevada

- EARLY CHILDHOOD TREATMENT PROGRAM
Children's Behavior Services
Reno, Nevada

Established in 1980, this public day treatment program serves over 50 youth, between the ages of infancy to six years old. The primary diagnoses include conduct disorders, attention deficits disorders, anxiety disorders of childhood and adolescence, adjustment disorders, and other disorders of childhood and adolescence. The orientation of the program blends behavioral, psychodynamic and ecological models. Program success is attributed to intervention at early ages while both parents and children are still changeable and positive interaction between them is possible. Hence, parental and other family involvement is pivotal to the treatment approach.

New Jersey

- ADOLESCENT DAY TREATMENT PROGRAM
Ocean Institute for Children and Families
Mental Health Clinic of Ocean County
122 Lien Street
Tom's River, New Jersey 08753
Contact -- Harry S. Cook, ACSW, Director

Ocean Institute was established in 1980. It serves eleven to 25 children, aged twelve to 18 years old. This program emphasizes a systems approach, treating the child and the family as well as actively intervening with related community systems. The treatment program is highly structured and is predominantly characterized as a behavioral model.

- CHILD ADVOCACY TREATMENT TEAM
654 Bergen Avenue
Jersey City, New Jersey 07304
Contact -- Susan Block, C.S.W., Project Director

Established in 1980, the Child Advocacy Treatment Team is a mental health advocacy program administered by the Jersey City YMCA. This private, non-profit facility provides services to 26 to 50 youth between the ages of 9 to 17 years. Many of them are at risk of psychiatric hospitalization, have been recently discharged from a residential, or are in placement. The program combines sociological, behavioral and ecological models to treat youth who are often diagnosed as having conduct disorders, other disorders of childhood and adolescence, adjustment disorders, attention deficit disorders and other schizophrenic and psychotic disorders.

- CHILDREN'S PSYCHIATRIC CENTER
  High Point Center
  Lloyd and Nolan Roads, P.O. Box 188
  Morganville, New Jersey 07751
  Contact -- Nikos Marayos, M.S.W., ACSW, Coordinator, P.H. Program

Established in 1975, the Children's Psychiatric Center offers an after-school program to eleven to 25 boys, ranging from seven to 18 years old. These youth have been characterized as having "hard core" character disorders beyond the traditional in-office interviews, such as, adjustment disorders, disorders of impulse control, anxiety disorders of childhood and adolescence, attention deficit disorders and conduct disorders. They constitute a population at high risk of incarceration. Combining ecological, sociological and behavioral models, the program consists of guided socialization and recreation, group therapy, academic remediation, cooperative dinner preparation, camping, and vocational training. Funding for this program is partly based on sliding scale fees and partly from Medicaid.

New Mexico

- PEANUT BUTTER AND JELLY THERAPEUTIC PRE-SCHOOL
  INFANT AND FAMILY CENTER
  1101 Lopez Road, S.W.
  Albuquerque, New Mexico 87105
  Contact -- Angie Vachio, Executive Director

This pre-school program, funded primarily by the New Mexico Department of Health and Environment, was established in 1972 for families with pre-school children and infants who are not developing normally or are in extremely high risk situations. It includes a main center, which can accommodate over 51 children, and a satellite center with a capacity to serve eleven to 25 children. Children in the program range from infancy to five years of age. The program focuses on parent and child, both as a system as well as individually, and offers morning and afternoon pre-school sessions, in addition to a home program designed to meet each family's unique needs.

- SANTA FE MOUNTAIN CENTER, INC.
  Route 4, Box 34-C
  Santa Fe, New Mexico 87501
  Contact -- Richard O. Kimball, Ph.D., Executive Director

This program has been in existence since 1977. It serves adolescents age 13 to 18 and has a capacity of 26 to 50 slots. This is a Wilderness Experience Program that emphasizes the treatment of persons from the unsuccessful end of the anti-social spectrum. In all models and philosophies of therapeutic wilderness experiences, the concept of mastery is paramount. During this 14-21 day nature experience, the adolescent makes positive use of stressful situations and learns to relate to peers and adults in a more open and realistic way. The center hopes to expand its program to include community-based activities, such as working with the Forest Service on trail maintenance, which will teach youngsters job skills as well.

Pennsylvania

- CHILDREN'S SERVICE CENTER'S PARTIAL[*]
  HOSPITALIZATION PROGRAM
  335 S. Franklin Street
  Wilkes-Barre, Pennsylvania 18702
  Contact -- Sandra M. Brulo, Administrative Service Coordinator

This partial hospitalization program serves over 50 children between the ages of two and 18 years. The children usually participate in the program for at least a year. The treatment philosophy is based on a combination of the psychodynamic model, with the sociological and behavioral models supplementing this approach. A wide array of services is offered including pre-vocational activities. Peer support activities are very important in the philosophy of this program.

Tennessee

- REGIONAL INTERVENTION PROGRAM (RIP)
  c/o Columbia Area Mental Health Center
  P.O. Box 1197
  Columbia, Tennessee 38401
  Contact -- Pat Hallworth, Director, Regional Intervention Program

This day treatment program serves eleven to 25 children between infancy and five years old. Some of these children have specific developmental disorders or are mentally retarded. However, other children served exhibit attention deficit disorders and conduct disorders. The RIP model is designed to provide relatively short-term intervention assistance to families of these handicapped children. RIP is organized on a modular basis. Each direct service module is coordinated by a trained parent who provides systematic training for each new family entering the program. The entire system is guided by a management-by-objectives approach at the modular and individual family levels. Most services are delivered by parents.

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[*] In Pennsylvania, clear distinction is made between partial hospitalization and day treatment

The average length of stay for a child is ten months. There is no charge to the families receiving RIP services.

- REGIONAL INTERVENTION PROGRAM (RIP)
  2400 White Avenue
  Nashville, Tennessee 37204
  Contact -- Matthew A. Timm, Ph.D., Director

The original and first location of RIP, this program was initiated in 1969 at the George Peabody College for Teachers. As noted earlier, RIP is a parent-implemented pre-school program for children ages birth to five. RIP teaches parents how to manage their child's behavior. The program has received national acclaim. In 1972, it was selected by DHEW as one of three exemplary programs in the U.S. using parents in the remediation of behavior disorders. In 1976, it was one of three recipients in North America of the Gold Award of the American Psychiatric Association for "contributions to mental health." The program in Nashville serves over 50 children for an average of seven months.

Utah

- CHILDREN'S BEHAVIOR THERAPY UNIT (CBTU)
  Salt Lake County Division of Mental Health
  668 South 13th Street
  Salt Lake City, Utah 84102
  Contact -- George W. Frangin, Ph.D., Director

This day treatment program was established in 1967. It serves over 50 children, age two to 15, who suffer from attention deficit disorders and schizophrenic, psychotic disorders not elsewhere classified. CBTU utilizes a basic treatment approach of behavior therapy in an educational setting. The main intervention techniques include reinforcement of desired behaviors, behavioral contracting, a token economy with level system, time out, response cost, and overcorrection procedures. Other components include intense parent training and formal programs to facilitate the generalization of the skills learned. CBTU staff work not only with the child's current environment but also with that environment which will be encountered following discharge. The intensity of the program is believed to be responsible for its success. A close working relationship with the referral source plus a strong data based program for the child and family, and a trial follow-up service add up to a comprehensive program. CBTU utilizes the benefits of close alliances with both the mental health and educational community to provide a "unique" service to children and their families.

DESCRIPTION OF RESIDENTIAL TREATMENT PROGRAMS

California

- EDGEWOOD CHILDREN'S CENTER/RESIDENTIAL TREATMENT PROGRAM
  1801 Vicente
  San Francisco, California 94116
  Contact -- Barry Feinberg, Director

Edgewood was founded in 1851 as the San Francisco Orphan Asylum. However, the present residential treatment program was designed and implemented in 1963, with modifications in 1978 and 1983. The program serves up to 36 boys and girls, six to twelve years of age, and their families.The children live in cottages on Edgewood's seven acre campus. The treatment focus of the residential program is on milieu therapy. Group life represents the core of the clinical practice orientation. The program utilizes an active treatment approach which is designed to maximize the child's involvement and responsibility for his/her behavior. If rules are broken, the child is encouraged to find some way of redressing his/her actions. A wide range of services are provided, including individual, group and family counseling, an individualized education plan, speech and language therapy and occupational therapy.

Colorado

- CLOSED ADOLESCENT TREATMENT CENTER (CAT)
  3900 S. Carr
  Denver, Colorado 80235
  Contact -- Vicki L. Agee, Ph.D., Director

The Closed Adolescent Treatment Center was established in 1972 as a secure facility serving youth between the ages of twelve to 21 committed by the courts. The program capacity ranges from 26 to 50 youth, who are primarily diagnosed as having conduct disorders, disorders of impulse control and attention deficit disorders. The center also serves those with substance use disorders. The dominant treatment philosophy is the therapeutic community or positive peer culture approach. Ancillary approaches include a behavioral point and level system, techniques from reality therapy, family therapy, occupational therapy and recreational therapy. The center takes the most violent and incorrigible youth in the state. Fifty percent are sex offenders, 25 percent are murderers and the last 25 percent are assorted other violent offenders. Teaching youth to be aware of the effect of their behavior on their victims is a critical part of treatment. The average length of stay for youth ranges from 13 months to over two years.

Florida

- ADOLESCENT RESIDENTIAL PROGRAM
  Northside Community Mental Health Center
  Tampa, Florida

Established in 1980, the Adolescent Residential Program at Northside CMHC is a coeducational program for twelve severely emotionally disturbed adolescents. Those admitted are ages 13 to 17 and require a restrictive environment (locked facility) and intensive treatment. Typically, adolescents referred to the program are at very high risk for long term state hospitalization. Average lengths of stay range from six to 18 months. The program combines aspects of the therapeutic community with a strong emphasis on individual, group and family therapy. The active participation of an adolescent's family members in treatment is strongly encouraged and supported. A special education program on campus allows residents to continue their schooling while in treatment. The program enjoys close affiliations with the University of South Florida College of Medicine, the Florida Mental Health Institute, University Community Hospital and the Hills Borough County School Board.

- NORTHSIDE COMMUNITY MENTAL HEALTH CENTER - ADOLESCENT UNIT
  13301 N. 30th
  Tampa, Florida 33612
  Contact -- Sharlea Hobren, RN, ACSW, Admissions Coordinator

The residential treatment program of the Northside Community Mental Health Center, established in 1980, is a non-profit community facility serving eleven to 25 youth. Ranging from 13 to 17 years of age, many participants are diagnosed as having affective disorders, conduct disorders, anxiety and other disorders of childhood and adolescence, and other schizophrenic and psychotic disorders. Integrating ecological, psychodynamic and behavioral models, the program employs a system which assigns each individual resident a level of responsibility and freedom consistent with his/her demonstrated ability to handle both. Family involvement is expected through social educational and therapeutic activities.

Georgia

- ANNEEWAKEE, INC.
  4771 Anneewakee Road
  Douglasville, Georgia 30135
  Contact -- James Henry Evans, Administrator

From its beginning in 1962, the private, non-profit Anneewakee program has recognized the need to depart from the conventional closed-unit design which has characterized many psychiatric hospitals treating children and adolescents. Anneewakee utilizes the openness and space of a normal environment as the setting for an individualized therapeutic program which emphasizes conflict resolution, emotional development, interpersonal growth, and academic achievement, while minimizing the use of psychotropic medication and closed space. There are over 50 participants in the residential program between the ages of eight and 18 years old.

The children and youth who come to Anneewakee have experienced a variety of emotional difficulties and problems which add up to failure and conflict. Families, doctors and counselors typically describe them as experiencing impaired reality integration, affective problems, poor interpersonal relationships with family and friends, inadequate self-control and self-discipline and low self-esteem. These youth have commonly had academic difficulties characterized by short attention span, learning deficits and underachievement.

- DEVEREAUX CENTER
  1980 Stanley Road, N.W.
  Kennesaw, Georgia 30144
  Contact -- Ralph Comerford, Administrator

The Devereaux Center is a private, non-profit facility that serves more than 50 youth, ranging between eleven to 17 years old. Clientele are frequently diagnosed as having personality disorders, affective disorders, conduct disorders, other schizophrenic and psychotic disorders and attention deficit disorders. The treatment approach includes biophysical psychodynamic and behavioral model, emphasizing peer support activities such as group therapy and community meetings.

Hawaii

- HALE OPIO KAUAI, Inc.
  R.R. 1, Box 103B
  Kauai, Hawaii 96756
  Contact -- Mary Lou Barela, Executive Director

Hale Opio Kauai, Inc. is a private, non-profit organization incorporated in 1975. Residential placement services are provided to 15 youths, ranging from twelve to 17 years old. The primary diagnoses of the children include disorders of impulse control, adjustment disorders, conduct disorders, anxiety disorders of childhood and adolescence and substance use disorders. Based on behavioral, ecological and sociological models, the approach of the program combines a token economy system (i.e. rewards and reinforcements for appropriate behavior), level system and group/individual counseling.

- KAHI MOHALA
  91-2301 Fort Weaver Road
  Ewa Beach, Hawaii 96706
  Contact -- Susan H. Meliest, Administrator

Operating for the first full year in 1984, the Kahi Mohala is the only freestanding, for-profit facility in the state dedicated to acute inpatient psychiatric care. The residential day treatment component of the hospital serves 26 to 50 children between the ages of three to 17 years old. Children are mainly diagnosed as having affective disorders, adjustment disorders, conduct disorders, organic mental disorders, other disorders of childhood and adolescence, and other schizophrenic and psychotic disorders. The primary orientation of the program is to use the family therapy or ecological approach with secondary emphasis psychodynamic and behavioral models. Consideration of ethnic-specific problems are important to family therapy and, thus, most ethnic groups in Hawaii are represented on the clinical staff.

- TEACHING PARENTS PROGRAM
  Hawaii Youth Correctional Facility
  42-477 Kalaniaole Highway
  Kailua, Hawaii 96734
  Contact -- John S. Shinkawa, Community Services Administrator

Through this program, established in 1982, the state contracts with families to provide services, in their homes, to children from the Hawaii Youth Correctional Facility. Children served by the program range in age from 15 to 18 years old. The purpose of the program is to treat youth in a family milieu, helping them to adjust to their families following parole. Intensive casework services are provided through this program.

Idaho

- NORTH IDAHO CHILDREN'S HOME (NICH)
  P.O. Box 2290
  Orofino, Idaho 83544
  Contact -- Jody Lubruch, Ph.D., Program Director

Initiated in 1982, the private, non-profit Special Care Program of NICH treatment unit represents the premier regional and state effort to address the critical needs of severely emotionally disturbed children. The program caters to 16 children between the ages of eight to 16. Frequent diagnoses of the children include conduct disorders, schizophrenic and psychotic disorders. The most widely used model by the counselors is the behavioral model utilizing level and point systems to increase gradually the privileges and responsibilities of the youth. Without exception, the children in the special care program have failed in multiple, less restrictive settings and, therefore, have been placed in this secure (locked) treatment facility.

Illinois

- KALEIDOSCOPE INC.
  530 North Center Street
  Bloomington, Illinois 61701
  Contact -- Peggy Arter, M.S.W., Director of Professional Services

This agency, established in 1973, serves 26 to 50 adolescents between the ages of twelve and 19 in residential placements. The principal sources of referral to the agency are the Department of Children and Family Services, followed by public or private mental health facilities. On average, adolescents have an average length of stay of two or more years in one of the agency's facilities. The emphasis in this program is on deinstitutionalization and placing adolescents in a "normalized" family environment. Thus, there is a strong emphasis on community re-integration. Reality therapy, in a supportive environment, is also provided. All adolescents in the residences attend public schools. Kaleidoscope has an "inclusive intake" policy and considers all types of children and adolescents for placement. The agency provides a continuum of services ranging from structured group homes to specialized foster homes and semi-independent living arrangements.

Iowa

- BREMWOOD LUTHERAN CHILDREN'S HOME
  Box 848
  Waverly, Iowa 50677
  Contact -- William R. Striepe, Assistant Executive Director

Bremwood Lutheran Children's Home was established in 1953 to serve 26 to 50 severely emotionally disturbed children, ages 13 to 18 years. Bremwood offers individual and family therapy, a special education program and recreational activities. The program philosophy is predominantly an ecological approach used in conjunction with psychotherapy and psychoactive drugs where appropriate. The success of the program is attributed to a multidisciplinary treatment team, a well-qualified staff, and good working relationships with those agencies that provide special education programs for the residents.

Kansas

- THE ST. FRANCIS BOYS HOME
  509 E. Elm Street
  Salina, Kansas 67401
  Contact -- Richard Burnett, Clinical Coordinator

  Established in 1947, this agency serves 52 adolescents between ages twelve and 18. The agency works primarily with youth manifesting conduct disorders (behavior problems); therefore, the theoretical approach utilized locates the source of disturbance as within the child or the child's behavior. The treatment model incorporates ecological and sociological frameworks with an emphasis on utilizing the milieu for treatment. Most youth have an average length of stay ranging from seven months to two years. The program has an evaluation component that includes follow-up of all discharges from two to five years, quality assurance programs and a research department to conduct other studies as requested.

Kentucky

- CHILDREN'S TREATMENT SERVICES
  Lakeland Road
  Louisville, Kentucky 40223
  Contact -- Alison Johnson, Chief Executive Officer

  Children's Treatment Services is a 52 bed residential facility for seriously emotionally disturbed children and adolescents operated by Kentucky's Department of Human Resources. It was established in 1970 and serves boys and girls from the ages of five to 17. An eclectic assortment of treatment modalities are used. The facility utilizes a team approach with overall direction by psychiatrists oriented in the psychodynamic/ medical model. However, psychotherapy is primarily provided by social workers and psychologists whose orientations vary from psychodynamic to an array of other approaches. Great emphasis is placed on milieu ("socializing") therapy and behavior modification. Approximately 30 percent of the patients receive psychoactive drugs. Family involvement is encouraged; however, 50 percent of the children in the program have no family. Since many of these children are in state custody, 90 percent of the admissions are involuntary.

- MOREHEAD TREATMENT CENTER
  Route 5, Box 317
  Morehead, Kentucky 40351
  Contact -- Diana Wells, Program Director

  The Morehead Treatment Center is a residential facility, established in 1972, for girls twelve through 18 years old. The program's capacity falls in the range of 26-50 children. Most of the referrals to Morehead come from the court system. The program's treatment approach emphasizes behavior modification. Services offered include individual counseling, group therapy, education, vocational training, social skills training and recreational activities.

- RE-ED TREATMENT PROGRAM
  1804 Bluegrass Avenue
  Louisville, Kentucky 40214
  Contact -- Jerry Whitley, Program Director

The Re-Ed treatment program is for emotionally disturbed children between six to twelve years old. A child in the Re-Ed treatment program is offered a 24-hour environment, five days a week, in which to grow. Re-Ed treatment includes behavior modification, individual and group counseling, parent effectiveness training, family therapy, drama and activities therapies, and specialized education programs. Presently 26 to 50 children participate in the program, with an average length of stay of one to six months.

Massachusetts

- COMMUNITY STAFFED APARTMENTS
  123 Whipple Street
  Apt. 8 and 9
  Worcester, Massachusetts 01610
  Contact -- Michele Robitaille, Clinical Administrator

Community Staffed Apartments was established in 1982 to provide residential treatment for adolescents between the ages of 17 to 21 years. Presently six emotionally disturbed adolescents are served through this program. The treatment philosophy is based on concepts integrating the psychodynamic, sociological and ecological models. The program offers a wide variety of services; however, those adolescents still in school attend public schools. Most of the referrals to the program come from public or private mental health facilities and social service agencies. The strength and success of the program is dependent on client participation in community-based activities and multiple support services provided by the staff.

Michigan

- MICHIGAN NORTHERN REGIONAL TEACHING FAMILY SITE
  701 South Elmwood
  Traverse City, Michigan 49684
  Contact -- Edward W. Watson, Teaching-Family Site Director

The Michigan Northern Regional Teaching Family Site includes six "teaching-family" homes. Each home has a capacity to serve six youths.

Three of the homes are for males and three are coed. All the youth come from the area where the home is located. The program was started in 1981 and is for children ranging in age from seven to 17 years. The group home staff consists of a married couple (Teaching-Parents) and an Assistant Teaching-Parent. Support staff and consultants are available to the Teaching-Parents on a 24-hour basis. The model is designed to provide a family-like atmosphere and more consistent treatment than is available in a multiple staff setting. The major emphasis of the treatment program is on teaching youth appropriate alternatives to maladaptive behaviors. Teaching-Parents and Assistants receive detailed and systematic training in implementing major program components (e.g. a motivation system based on token economies, self-government, and family style living). Teaching-Parents work extensively with families of the youth and also serve as advocates for the youth with the schools and the community.

Minnesota

- ALTERNATIVE HOMES
  1210 Albemarle
  St. Paul, Minnesota 55117
  Contact -- Howard L. Rod, Director

Alternative Homes, established in 1980, is a residential treatment facility serving eleven to 25 children between the ages of six and 15. The treatment philosophy of the program is based on the Quaker concept of "moral treatment" developed in the 1850s. This concept creates a model that places more emphasis on a teaching and learning model than a medical one. Particular emphasis is also given family involvement and training. Children have an average length of stay ranging from 13 months to over two years.

- BAR-NONE INTENSIVE RESIDENTIAL TREATMENT CENTER
  22426 St. Francis Blvd.
  Anoka, Minnesota 55303
  Contact -- Verlyn R. Wenndt, Director

The Bar-None Intensive Treatment Center is one of four programs at Bar-None Residential Treatment Services for Children. Bar-None has a residential treatment center for 40 boys, ages seven to 16. Forestview Annex, for seven boys and girls, aged nine to 18, is used for youngsters handicapped by autism, autistic-like characteristics and/or developmental delays. An In-Home Respite Care Program is also offered. Currently it serves 60 families within a five-county area of the Twin Cities. Again, the program focuses on children with autism and autistic-like characteristics.

The Intensive Residential Treatment Center is a facility for boys and girls between the ages five through 26. The center, built in 1978, serves 17 children handicapped with autism, childhood psychosis, schizophrenia and neurological impairment. The center provides a secure, structured and consistent environment and a treatment philosophy based on behaviorist techniques, skill development and individual therapy. The family unit is also considered a vital part of the treatment "team." Special education programs are integrated into the daily milieu.

- ST. CLOUD CHILDREN'S HOME
  1726 Seventh Avenue South
  St. Cloud, Minnesota 56301

The St. Cloud's Children's Home was established in 1961 to care for emotionally disturbed youth between the ages of eight and 17. The home has a capacity to serve over 50 youth, with an average length of stay from seven months to a year. The treatment philosophy is primarily based on the ecological model, which stresses the importance of the family system in helping the child. In addition to the residential treatment component, the program offers a community-based group home for adolescents and an intensive family-based program for families who are identified as having a child at risk of out-of-home placement. The agency also offers an adventure education program as part of the care treatment program. This program is geared to assist youth in developing their self-confidence through adventure-based activities.

Mississippi

- THE MANOR FOUNDATION
  P.O. Box 98, 115 East Street
  Jonesville, Mississippi 49250
  Contact -- Fred Prasser, Clinical Director

The Manor Foundation, established in 1930, serves over 50 youth between the ages of eight and 19. The principal referral sources are public or private mental health facilities. The great majority of children suffer from attention deficit disorders, conduct disorders, disorders of impulse control and organic mental disorders. The program has developed an eclectic treatment philosophy that includes the "better" aspects of the behavioral, psychodynamic, sociological and ecological models. Teams are used to work with children and this, it is believed, allows for more success with very difficult youth.

- MILLCREEK REHABILITATION CENTER, INC.
  P.O. Box 697, 900 First Avenue, N.E.
  Magee, Mississippi 39111
  Contact -- Miriam May, Community Services

Millcreek serves children and youth with a number of handicapping conditions, including autism, emotional disorders, mental retardation, cerebral palsy, seizures and/or other developmental disabilities. The overall capacity is 125 and the target population ranges from age five to 15. Referrals are made by physicians, social workers, parents, school systems and mental health personnel. Millcreek is also licensed as a private school. The treatment philosophy is a combination of the behavioral, psychodynamic and ecological models. A wide variety of services are offered. Most children remain in the program from thirteen months to over two years.

- POWERS GROUP HOME
  1801 North West Street
  Jackson, Mississippi 39205
  Contact -- Aletha Burke, MA, Supervisor

This residential program was established in 1983. It serves under ten adolescents between the ages of twelve and 18 years. The primary referral sources for this program are social service agencies, the juvenile justice system and public or private mental health facilities. The program uses a modified teaching family model to respond to client needs, with emphasis on the behavioral, ecological and sociological treatment approaches.

Missouri

- THE SPOFFORD HOME
  9700 Grandview Road
  P.O. Box 9888
  Kansas City, Missouri 64134
  Contact -- Nicholas G. Rivard, Director of Treatment

The Spofford Home, established in 1942, provides residential treatment for 26 to 50 children between the ages of five and eleven. Most referrals to the program come from social service agencies and public or private mental health facilities. The primary system of treatment is milieu therapy. Milieu therapy addresses the total child by creating a special world for the child. Therapists provide individual, group and family therapy to help the child and his/her family. While there is no attempt to develop a comprehensive behavior modification system, some aspects of behavior modification are also utilized. This is the only program in the area that is licensed to treat boys and girls under the age of six and has admitted children as young as age four. The facility is licensed in both Kansas and Missouri to treat the most severely disturbed children short of those needing psychiatric hospitalization.

Nevada

- FAMILY LEARNING HOMES (FLH)
  Northern Nevada Child and Adolescent Services
  2655 Enterprize Road
  Reno, Nevada 89512
  Contact -- Charles L. Buel, Ph.D., Chief of Clinical Services

FLH is a public, urban facility established in 1978, which serves 11 to 25 children between the ages of six and 13 years. Many of them are diagnosed as having conduct disorders, attention deficit disorders, adjustment disorders, disorders of impulse control, and other disorders of childhood and adolescence. The program utilizes a teaching family model whereby professional teaching parents (PTPs) provide residential care in a family-like setting. The PTPs prepare meals, provide transportation, insure a safe "home" environment, provide individual, group and family therapy, and provide parent training, consultation to other agency staff and home visits. The model is predicated on the belief that the new skills/behaviors learned by parents/child can be applied to a new dynamic home setting.

New Jersey

- LAKEGROVE SCHOOL
  Lake Grove, New Jersey

Established in 1978, the Lake Grove School is a private, non-profit organization mainly funded by fees paid by school districts, social service agencies and/or parents. It provides psycho-educational services to more than 50 youths ranging from eleven to 21 years of age. The services are geared to three distinct groups of youth: the emotionally disturbed, the emotionally disturbed as a result of hearing impairments, and the autistic.

New York

- J. COHEN GROUP HOME
  Lexington Center for Mental Health
  30th Avenue at 75th Street
  Jackson Heights, New York 11370
  Contact -- L. Connor, Executive Director

The J. Cohen Group Home was set up in 1975 as a residential treatment program for deaf emotionally disturbed children from six to 21 years of age. The program is small, acommodating less than ten children. A broad range of therapeutic and educational services are available to children in the group home. The program has a two to one staff to child ratio.

Pennsylvania

- THE GLEN MILLS SCHOOL
  Concordville, Pennsylvania 19331
  Contact -- Bernard J. Krieg, Director of Admissions

  Glen Mills is a private residential facility and school for adjudicated delinquents and young men, ages 14 to 18, with behavioral problems. The school has been in existence since 1826 and has 450 young men enrolled. There are three programs at Glen Mills: the diagnostic program, the residential program and the summer camp. The treatment model of the residential program is centered around a "guided group action" concept, which utilizes peer group pressure. Each cottage is responsible for the social, educational, and vocational development of its students. The school offers a range of academic programs depending on the level and ability of the student. Vocational training and recreational activities are also important aspects of the program.

- PARENT COUNSELOR PROGRAM
  Children's Service Center
  335 South Franklin Street
  Wilkes-Barre, Pennsylvania 18702
  Contact -- Trudie Kertulis, M.S.W., Program Director

  The Parent Counselor Program is a joint program of the Children's Service Center (Luzerne-Wyoming County MH/MR Program) and the Luzerne and Wyoming County Children and Youth Services. Its purpose is to prevent hospitalization or institutionalization by providing community-based residential psychiatric treatment in a family environment for emotionally disturbed children and adolescents. The program utilizes foster parents (single persons and couples), who receive training as mental health paraprofessionals called Parent Counselors, to provide guidance and supervision to emotionally disturbed children. Each parent counselor home provides residential treatment for one emotionally disturbed child. Children remain in the program for up to two years with the goal of returning to their biological families or a less structured long-term setting. The program presently serves twelve children between the ages of birth to 18 years.

South Dakota

- ADOLESCENT TREATMENT PROGRAM
  South Dakota Human Services Center
  Box 76
  Yankton, South Dakota 57078
  Contact -- Nancy Christopherson, MA, Unit Director

  The Adolescent Treatment Program was established in 1979 as a residential treatment program for severely emotionally disturbed children ages twelve to 18. The facility currently has places for 20 youth. The program treats clients essentially through four therapeutic approaches:

(1) insight therapies through group and individual counseling;

(2) education, which includes an accredited special education program in addition to programs on drug and alcohol use, assertiveness, values orientation, sex education, and interpersonal relationships;

(3) behavioral change, a program based on a "level system" whereby privileges indicating higher levels of functioning may be used as a client progresses through the program; and

(4) psychoactive drugs.

Tennessee

● CUMBERLAND HOUSE SCHOOL
3409 Belmont Blvd.
Nashville, Tennessee 37212
Contact -- Beverly L. Lewis, Director

The Cumberland House School is a publicly-funded residential program established in 1962. The program serves 26 to 50 children between the ages of five and 14, who are seriously emotionally or behaviorally disturbed. The average length of stay in the program is between one month and one year.

The treatment philosophy of Cumberland House evolved as part of the NIMH-supported Project Re-Ed, begun in 1962. The philosophy is a blend of educational, behavioral and ecological approaches to the problems of children, their families and the communities in which they live. Treatment is directed toward a better fit between the opportunities and expectations of the ecology and the child's needs and skills. The program is organized around self-contained treatment teams with eight students and three professional staff -- a day teacher-counselor, a night teacher-counselor and a liaison teacher-counselor who develop and implement the treatment plan for each student. The program has a long history of success as perceived by parents and community agencies in the region served. The Cumberland House program has served as a model for reorganization of existing programs or development of new programs in many parts of the country.

- SMALLWOOD CENTER
  Moccasin Bend Mental Health Institute
  Moccasin Bend Road
  Chattanooga, Tennessee 37405
  Contact -- Terry Stulce, Program Director

Smallwood Center is a residential treatment program serving children between the ages of five and 13. Established in 1967, the program has a capacity to handle 26 to 50 children. The great majority of children, 95 percent, remain in the program from one month to a year. The primary referral sources are families and public or private mental health facilities. The basic milieu is a token economy and behavior modification program. However, chemotherapy, group and individual psychotherapy are a well integrated part of the total treatment program. In addition, much emphasis is placed upon changing the family system through family therapy and parent education programs.

Texas

- SAN ANTONIO CHILDREN'S CENTER
  2939 W. Woodlawn Avenue
  San Antonio, Texas 78228
  Contact -- Susan Stappenbeck, Administrative Assistant to Executive Medical Director

A private, for-profit facility established in 1983, the San Antonio Children's Center serves youth between the ages of nine to 16 years old. The program capacity ranges from 26 to 50, two-thirds of them female. The clientele are diagnosed mainly as having conduct disorders, personality disorders, affective disorders and anxiety disorders of childhood and adolescence. The program stresses peer support, which is facilitated by community meetings, group therapy, classroom activities and discussions, and a variety of other on-campus activities.

DESCRIPTION OF COMBINED RESIDENTIAL AND DAY TREATMENT PROGRAMS

Colorado

- THE MESA SCHOOL
  1353 South 8th Street
  Colorado Springs, Colorado 80905
  Contact -- Linda H. Stoner, Ph.D., Clinical Director

The Mesa School is a non-profit organization that caters to youth who are eleven to 18 years old. Clientele are diagnosed as having conduct disorders, disorders of impulse control, attention deficit disorders, affective disorders, and anxiety disorders of childhood and adolescence. The residential treatment program, established in 1972, combines ecological, psychodynamic and behavioral models. The day treatment component, established in 1974, also integrates the same approaches in its program.

Illinois

- THE CHILDREN'S HOME
  2130 North Knoxville Avenue
  Peoria, Illinois 61603
  Contact -- John Carr, Director of Residential Services

The Children's Home is an organization delivering a comprehensive continuum of social services to emotionally and educationally troubled children and their families. Established in 1866, the agency now provides eight specialized therapeutic programs, including a residential treatment/group home and the Barker School, which operates a day treatment program.

The residential treatment/group home programs serve 39 highly behaviorally and emotionally disturbed youth between the ages of eight and 18. The treatment philosophy is both integrationist and holistic in that it incorporates multiple treatment modalities and treats the individual and their family both developmentally and systematically. Youth spend an average of seven months to two years in these programs. The programs have been highly successful in working with youth that other agencies refuse to accept because of their difficulties. The Barker School day treatment program is designed to meet the needs of over 50 children, between three and 18 years old, whose emotional, social and/or behavioral problems are of such severity as to interfere with their ability to benefit from a more normal school environment. On the average, a child spends 16 months in the program.

- GUARDIAN ANGEL HOME DAY TREATMENT CENTER
  Plainfield and Theodore Streets
  Joliet, Illinois 60435
  Contact -- Daniel J. Malloy, M.Ed., CCCW, Director of Day Treatment Center

Originally founded in 1897 by the Sisters of St. Francis of Mary Immaculate as a orphanage home, this private, non-profit corporation has six programs - residential, youth advocacy, groundwork, child and family guidance center, and emergency shelter care service - that fall under the umbrella of The Guardian Angel Home.

The residential treatment program, established in 1970, caters to 22 children in the age range of five to 18 years. Primary diagnosis of clientele include conduct disorders, disorders of impulse control, adjustment disorders, affective disorders, and other schizophrenic and psychotic disorders. The treatment approach combines the psychodynamic ecological and behavioral models. The day treatment program was established in 1975 and serves 40 children in the same age range. Clients of the day treatment program are diagnosed as having conduct disorders, disorders of impulse control, attention deficit disorders, anxiety disorders of childhood and adolescence, and adjustment disorders. The treatment approach of the day program is ecletic, integrating ecological, behavioral, psychodynamic and sociological models.

- LARKIN HOME FOR CHILDREN
  1212 Larkin
  Elgin, Illinois 60120
  Contact -- M. Eileen Sheahan, Residence Director

A private non-profit facility started in 1896, the Larkin Home provides both residential and day treatment programs to 26 to 50 children ranging from six to 21 years old. Youth are diagnosed as having conduct disorders attention deficit disorders, disorders of impulse control, affective disorders, and other schizophrenic and psychotic disorders. The treatment approach uses an eclectic model, weaving together behavior modification (i.e. level systems), family therapy, play therapy and milieu therapy. Each child's treatment is very individualized and the goal is to reintegrate the child into the family of origin whenever possible.

Iowa

- ORCHARD PLACE
  925 S.W. Porter, P.O. Box 2726
  Des Moines, Iowa 50315
  Contact -- Dr. Earl P. Kelly, Executive Director

Orchard Place, a residential treatment center for emotionally disturbed children, operates three residential programs: the Orchard Place Residential Treatment Unit for youth six to 16; Kenyon House Residential Treatment Unit for youth twelve to 17; and the Elizabeth J. Ruan Evaluation and Diagnostic Center for Children, programmed for youth six to 16. In addition, Orchard Place also operates an in-home service and a day treatment program (PACE). Serving over 50 children in their residential programs, Orchard Place offers a multitude of services focused on three areas of treatment: psychotherapy including individual, family and group; the living environment; and, special education services.

The day treatment program, PACE, serves between 26 to 50 chronically disruptive youth who have not been able to attain success in their schools and communities. The PACE treatment philosophy emphasizes highly individualized treatment and espouses the concept of "least restrictive - closest to parental home." The programs at Orchard Place have been viewed as a prototype for residential programming in the United States.

Minnesota

- ST. JOSEPH'S HOME FOR CHILDREN
  1121 East 46th Street
  Minneapolis, Minnesota 55407
  Contact -- Jean Cornish, M.S.W., Assistant Adminstrator

St. Joseph's Home includes both residential and day treatment programs. The residential program, which was established in 1963, serves children ranging in age from seven to 17 years, and has a capacity of 26-50 children. The program applies a developmental model and positive reinforcement to treat children with adjustment disorders and disorders of impulse control. The day treatment program was added five years later. It serves from eleven to 25 children in the age range of five to 13 years. Ninety-five percent of the children in day treatment are six to eleven years of age. The day treatment program uses a developmental model and object relational theory to treat children participating in the program. Both programs offer a range of therapeutic services and require extensive family involvement.

Missouri

- CHILD CENTER OF OUR LADY
  7900 Natural Bridge
  St. Louis, Missouri 63121
  Contact -- Kenneth E. Pilot, Assistant Administrator

The Child Center of Our Lady has both a residential and day treatment program. The day treatment program was established in 1947 and serves 26-50 children, ages five to 19 years. The average length of participation for each child is a year. The residential program was established in 1953 and serves eleven to 25 children between the ages of five to 13. The majority of children spend, on average, over two years in this program.

In general both programs are based on an ecological model of treatment, but a family systems orientation is also used with all but a few cases in which the state has custody. This family systems orientation has led to a greater degree of long-term change for clients. One of the reasons for the success of the programs is the multi-disciplinary team approach in which all aspects of client care and systems issues are coordinated and respected. In both programs, administrators have found that those children diagnosed personality disorder (especially borderline personality disorder) have responded to a higher degree than normally expected in such programs. This is due, they believe, to the close coordination of care that results from a high degree of "containment" for those clients who require it, from consistent confrontation of the "splitting" behaviors or the "narcissistic stance" and from the provision of a flexible combination of nurturing and allowance for emotional distance.

- CRITTENTON CENTER
  10918 Elm Avenue
  Kansas City, Missouri 64134
  Contact -- Andrew B. Vos, Director of Residential Programs

The private, non-profit Crittenton Center has two programs for severely emotionally disturbed children. Established in 1971, the residential treatment program consists of a 25-bed campus unit and three community-based group homes. They serve 52 children between the ages of twelve and 18 years. Primary diagnosis of clients include conduct disorders, adjustment disorders, attention deficit disorders, other schizophrenic and psychotic disorders, and substance use disorders. Although the residential program uses a combination of approaches - psychodynamic, ecological and behavioral - the group homes primarily emphasize the ecological. The day treatment program, established in 1979, serves 20 youth between twelve and 18 years old diagnosed as having conduct disorders, other disorders of childhood and adolescence, affective disorders, substance use disorders, and other schizophrenic and psychotic disorders. The treatment approach taken with the children are based on a combination of ecological, psychodynamic and behavioral models. The program includes the family and child in goal-setting and holds clients responsible for initiating and working towards change. This is different from the medical model that presumes a top-down expertise of staff.

- EDGEWOOD CHILDREN'S CENTER
  330 North Gore
  St. Louis, Missouri 63119
  Contact -- Barbara A. Richter, Associate Executive Director

Edgewood Children's Center offers a residential and day treatment program. The residential program was established in 1956 and has a capacity to treat 40 children ranging in age from five to 17 years. The day treatment program began in 1970. It has 30 slots for children ranging in ages from five to 14. Both programs provide extensive treatment services including a broad range of adjunctive therapies, including art, music, dance and occupational therapy. Group treatment is an integral part of the program. The school day begins and ends with group sessions in which children set goals and evaluate behavior.

- MARILLAC CENTER FOR CHILDREN
  310 West 106th Street
  Kansas City, Missouri 64114
  Contact -- Cheryl McCormick, Intake Coordinator

The Marillac Center for Children, which began as an orphanage in 1897, now operates a residential and day treatment program (started in 1958) for children between the ages of six and 13. The residential component has a capacity to serve 26 to 50 children; the day treatment program has a capacity to serve eleven to 25 children. The majority of children remain in residence from 13 months to over two years; ALOS for day treatment is 18 months. Children suffer from severe emotional disorders, but the program also serves those with oppositional disorders or specific, mixed or pervasive developmental disorders.

The treatment philosophy recognizes and accepts genetic factors as contributing to emotional disturbance. Thus, medications are used for those who need it. Learning theories involving behavior modification are used in residence and in classrooms. Psychotherapy -- individual, group and family -- is also incorporated in the treatment plan for each child. The same staff is used in both the day treatment and residential program.

- CZANAM HOME FOR BOYS
421 East 137th Street
Kansas City, Missouri 64145
Contact -- Paul Gemeinhardt, Executive Director

This agency operates a residential and day treatment program. The residential program was established in 1948 and serves over 50 adolescents ages twelve to 18. The majority of adolescents, who are primarily diagnosed with conduct disorders and affective disorders, remain in the program from 13 months to over two years. The day treatment program was established in 1979 and serves eleven to 25 adolescents between ages twelve and 18. Most of the referrals to this program come from public schools. Each adolescent participates for approximately 18 months. The treatment approach is eclectic and includes the psychodynamic, behavioral and ecological models. The programs use a team approach with the team consisting primarily of therapist, teacher, youth care worker and recreation person.

Nebraska

- YOUTH AND FAMILY SERVICES
The Eastern Nebraska Community Office
of Mental Health
2555 Leavenworth Street
Omaha, Nebraska
Contact -- William E. Reay, Director

This program, which is publicly-funded, includes a residential treatment facility serving eleven to 25 youth between six to 18 years old and a day treatment program serving over 50 children between the ages of six and 20. Although the residential program accepts children from a variety of referral sources, the day treatment program is operated solely through a contract with the public school system. The success of the program is attributed to extensive, comprehensive treatment, parent training, staff training, and follow-up services via a home-based model. The programs principally serve children with conduct disorders, adjustment disorders and attention deficit disorders.

New Hampshire

- SPAULDING YOUTH CENTER
P.O. Box 189
Tilton, New Hampshire 03276
Contact -- Edward G. DeForrest, Ph.D., Executive Director

The Spaulding Youth Center offers a wide range of services for children, including: residential and day programs for emotionally handicapped boys from six to 15; a data based system of behavior modification combined with supportive counseling and psychotherapy; an on-grounds academic program specializing in remediation of learning disabilities, the acquisition of basic academic skills and prevocational experience; an intensive treatment unit for boys and girls age five to 14 who are autistic or schizophrenic; a family service department that works extensively with families; and, a diagnostic clinic.

The residential treatment program was established in 1958 and can accommodate 26 to 50 children. The day treatment program, set up in 1975, has a capacity for no more than ten children. Over the years the youth center's treatment philosophy has shifted. Its current approach is multi-disciplinary using behavior management for day-to-day operations, clinical psychology for individual treatment and monitoring, and psychiatry for evaluation. This clinical approach is integrated into a "back to basics" rural ethic of schools, fields, farms and mountains through which each boy has the opportunity to acquire knowledge, work skills, and an appreciation of the outdoors.

New Jersey

- TRANSITIONAL RESIDENCE INDEPENDENCE SERVICE (TRIS)
  Stratford, New Jersey

TRIS is a private, non-profit organization that operates two programs for adolescent youth: the Children's Crisis Intervention Service and the Partial Care and Residential program. Serving youths between twelve and 17 years old, the program has eleven to 25 children at any given time. Many of them are frequently diagnosed as having schizophrenic and psychotic disorders, conduct disorders, affective disorders, adjustment disorders, and attention deficit disorders. The philosophy and principles of the programs include: mainstreaming, high expectancy, differentiation and elaboration, developmentally - based services, and "resisistance free" treatment.

The programs are divided into three stages with a number of phases. Within the orientation stage, the first two months are devoted to intake and orientation. The second state consists of six months of intermediate treatment (i.e. skills learning, task groups and counseling). The last three months of disengagement entail advanced treatment and the beginning of community mainstreaming and academic/vocational planning. The location of the program is within the community and it has easy access to all community recreational and leisure facilities. Thus, the character of the program space is not of a clinical nature but more of a recreational "hang out" type with which the clients very much identify.

New Mexico

- AMIGOS DE LOS NINOS, INC.
  Star Route South, Box 1237
  Alamogordo, New Mexico 88310
  Contact -- Susan Whelan, Administrator

Amigos is a public facility partially funded by the New Mexico Health and Environment Department Mental Health Bureau and the Department of Health and Human Services. The residential treatment program was established in 1980 and serves ten children, eight to 18 years of age. Clients are diagnosed as having anxiety disorders of childhood and adolescence, adjustment disorders, conduct disorders, attention deficit disorders, and other disorders of childhood and adolescence. The Amigo philosophy is that children respond to love and care; their treatment approach is a combination of the psychodynamic, behavioral, sociological and ecological models.

The day treatment program is really more of an outreach program. Established in 1982, the Children in Needs of Services (CHINS) serves more than 50 youths between the ages of six to 17 years old. The single most important aspect of this program is the non-judgmental approach; the program emphasizes not "seeing through people", but "seeing people through."

New York

- THE ASTOR HOME FOR CHILDREN
  36 Mill Street
  Rhinebeck, New York 12572
  Contact -- Walter J. Joseph, Acting Asst. Executive Director

As a voluntary non-profit organization, Astor Home has two components. The residential treatment program, which caters to more than 50 youth, was established in 1953. The clients range from five to 13 years of age, and almost one-third stay at the Astor Home for a length of over two years. The primary diagnosis of these youth include disorders of impulse control, attention deficit disorders, conduct disorders, other disorders of childhood and adolescence, and other schizophrenic and psychotic disorders. The day treatment program was established in 1973 and serves 26 to 50 children who range from three to 13 years of age. Somewhat different from that of the residential youth, the primary diagnosis of the children in day treatment program are conduct disorders, attention deficit disorders, disorders of impulse control, anxiety disorders of childhood and adolescence, adjustment disorders and affective disorders.

While both programs use a variety of approaches, the more prominent models are psychodynamic, ecological and behavioral. In addition, although it is not considered the basis of the residential program, approximately 40 percent of the clients receive medication.

- CONVALESCENT HOSPITAL FOR CHILDREN
2075 Scottsville Road
Rochester, New York 14623
Contact -- Mary L. Segal, Vice President

This hospital operates both a residential and day treatment program. Established in 1958, the residential program provides services to 27 children between the ages of six and 13 years. The majority of children remain in residence from 13 months to two years. The day treatment program was established in 1967 and serves 16 children between the ages of three to 18 years. Children participate in the program for an average of eleven months. The principal diagnoses of youth, in both programs, is schizophrenia and psychotic disorders not classified elsewhere. The programs employ a psychodynamic model in conjunction with the behavioral and sociological approaches. The success of the program is attributed to "excellent leadership and a committed and dedicated staff."

- ITTLESON CENTER FOR CHILD RESEARCH
5050 Iselin Avenue
Bronx, New York 10471
Contact -- William Goldfarb, M.D., Ph.D., Director

The Ittleson Center is a private, non-profit facility with two programs serving youths between the ages of five to twelve years old. Children are mainly diagnosed as having schizophrenic or psychotic disorders, conduct disorders, attention deficit disorders, anxiety disorders of childhood and adolescence, and affective disorders. In dealing with these problems, the two treatment programs use a combination of the ecological, psychodynamic and biophysical models. The residential treatment program was started in 1953 and provides services for 26 to 50 youth. Nearly all of the clients have an average length of stay of over two years. The day treatment program started in 1959 and presently serves eleven to 15 children whose average length of stay is ten months.

North Carolina

- RANDOLPH COUNTY DAY TREATMENT PROGRAM AND THE RANDOLPH COUNTY GROUP HOME
Randolph County Mental Health
204 E. Academy Street,
Asheboro, North Carolina 27203
Contact -- David C. LeMay, Director

Established in 1976, the Randolph County Day Treatment Program serves 26 to 50 children, ranging in age from four to 18 years. A joint venture between mental health and the public schools, the day treatment program provides services to severely emotionally handicapped, violent youth in a normalized, community-based school setting. The program offers a highly structured positive behavior management system and an array of services and activities, such as art, recreation, speech therapies, counseling, vocational training, athletic teams and student government. The group home was established in 1984; it serves less than ten children ranging in age from eleven to 18 years. The residential treatment program serves as an alternative to incarceration and provides therapy in a community-based setting.

Ohio

- BEECH BROOK
  3737 Lander Road
  Pepper Pike, Ohio 44124
  Contact -- Don M. Harris, Executive Director

Beech Brook began as an orphanage in 1852 and is, today, a multi-service treatment center providing a range and continuum of services for children between the ages of five and 14 years old. The center provides residential, day treatment, and weekend-only programs for 68 emotionally disturbed children. Beech Brook's philosophy of treating these children involves participation in group psychotherapy of both parents and all children in the family. As part of the treatment plan, most residential children maintain relationships with their families by spending weekends at home. The day treatment children come to Beech Brook for school and recreational activities only.

In addition to its residential and day treatment programs, the Center also provides outpatient services, a summer program, aftercare services, adoption services, specialized individual homes and three day treatment units in Cleveland public schools. In the last four years, the Center has developed an application of computer technology to track, monitor, help evaluate and eventually aid in research and prognostication with the treatment of emotionally disturbed children and their families.

Pennsylvania

- FRIENDSHIP HOUSE CHILDREN'S CENTER
  1615 East Elm Street
  Scanton, Pennsylvania 18505
  Contact -- Paul S. Ewasko, M.S.W., Director of Residential Services

Founded in 1871, the Friendship House is a suburban, private, non-profit organization that operates two programs for emotionally disturbed children, in addition to a diagnostic and assessment program and specialized foster family care.

The residential treatment program, established in 1960, serves 52 children between the ages of six and 15 years old. There are three cottages directed by a Master's level cottage supervisor and staffed by child care workers. The comprehensive treatment plan is based upon a diagnostic evaluation that includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, and developmental aspects of the individual child's particular situation. The treatment plan sets forth treatment objectives and prescribes an integrated, multi-disciplinary program of therapies, activities, experiences and appropriate education designed to meet the special treatment objectives. The treatment plan is maintained and updated with daily progress and clinical notes, which are kept in the patient's clinical record. The comprehensive treatment plan is reviewed regularly by the treatment team, which is composed of the child's psychotherapist, a psychiatrist, a child care worker, psycho-educational specialist, mental health worker and other mental health professionals.

The day treatment program was founded in 1973 and serves 108 youth ranging between three and 15 years of age. Participants in this program require structuring of their daily life-space through various individual and group activities. Modalities include individual psychotherapy, group and family counselling, psychiatric assessment and evaluation, psycho-education, pediatric medical treatment, as well as adjunctive therapies in art, music, recreation, and adaptive physicial education.

- JOHN MERCK PROGRAM FOR MULTIPLY DISABLED CHILDREN
  Western Psychiatric Institute and Clinic
  3811 O'Hara Street
  Pittsburgh, Pennsylvania 15213
  Contact -- Edward J. Nuffield, M.D., Acting Medical Director

The John Merck Program is both a residential and day treatment program. Both programs were established in 1974 and serve children who range in age from three to 16 years. The residential treatment program has a capacity to serve eleven to 25 children and the day treatment program has a capacity to serve fewer than ten youth. The program characterizes its treatment orientation as primarily represented by a biophysical model, in conjunction with behavioral and sociological approaches. The program's success is attributed to its "excellent multi-disciplinary staff."

Rhode Island

- BEHAVIORAL DEVELOPMENT CENTER
  86 Mount Hope Avenue
  Providence, Rhode Island 02906
  Contact -- Gerald Groden, Ph.D., Clinical Administrator/Director

The Behavioral Development Center (BDC) offers residential and day treatment to children who have behavioral disorders, mental retardation or autism. The day treatment program was established in 1976. It serves over 51 children, ranging in age from eight to 21 years of age. The residential treatment program, established in 1979, serves fewer than ten youth, ages three to 21. The BDC philosophy is based on developmental, behavioral and ecological models. The educational program is behaviorally-oriented using methods based on recording and review. Techniques such as relaxation therapy, imagery-based procedures, cognitive therapy, and social skills training are emphasized to develop self-control. The program is data-based and also focuses on normalization. Parent input is utilized in all phases.

South Carolina

- YORK PLACE - Episcopal Church Home for Children
  234 Kings Mountain Street
  York, South Carolina 29745
  Contact -- Brian L. Phelps, Director of Treatment Services

York Place, established in 1969, has facilities for residential treatment of 27 children; nine children in each of three cottages or centers. The program does not take children younger than six or older than twelve. Each center or cottage has its own classroom and therapy sessions. The treatment philosophy is focused on a holistic approach that includes psychoanalytic, social learning, family systems, behavior modification and special education. Family therapy is an integral part of the clinical focus.

In addition, York Place operates a day treatment program for nine children. The children spend an average of 18 months in this program, which is based on the same treatment philosophy as that used in the residential component. Both components emphasize community/home re-entry as the major focus and primary goal.

South Dakota

- CHILDREN'S HOME SOCIETY OF SOUTH DAKOTA
  Administrative Offices
  3209 S. Prarie Avenue
  Sioux Falls, South Dakota 57105
  Contact -- Elwin R. Unruh, Director of Clinical Services

The Children's Home Society operates four separate residential centers for emotionally disturbed, learning disabled, socially maladjusted and behavior disordered youngsters. Try House Center in Marshall, Minnesota has a capacity to serve ten youngsters. Crossroads Center in Sioux Falls, South Dakota offers a 14-bed residential treatment center for children, ages five to 13 years olds, and their families. This program is well-known for its ability to treat the acutely disturbed child. The West River Children's Center in Rapid City, South Dakota is located in the Black Hills and treats up to 17 youngsters and their families at one time. Treatment at this center is provided for children, ages four through 13. One criteria for admission is that the child is unable to take part in family living or attend public schools due to the severity of his/her disturbance. The Sherrard Center in Sioux Falls is for teenagers, ages twelve to 18 years. This center offers a personalized program of care and treatment for eight adolescents. The majority of youth in these programs spend one to two years in residence.

In addition, the Children's Home Society operates day treatment programs on the campus of Augustana College, Sioux Falls and on the grounds of West River Children's Center near Rapid City. Both those in residence and day students from surrounding school districts attend. The day treatment capacity ranges between 26 to 50 students. A home-based family program is also offered and is aimed at assisting the highly dysfunctional, multi-problem family in all aspects of daily living, strengthening the family unit and preventing inappropriate separation of family members. Intensive family- focused treatment and a strong aftercare program to supplement basic treatment of each youth is believed to be the cornerstone of the programs' successes.

Texas

- CHILDREN'S PSYCHIATRIC UNIT
  Austin State Hospital
  4110 Guadalupe
  Austin, Texas 78751
  Contact -- Beverly Sutton, M.D., Director

This unit includes a residential program for over 50 children up to age 14, and a small day treatment program serving fewer than ten children between the ages of three and 14 years. The principal sources of referral, for both programs, is public or private mental health facilities. The public schools also make referrals to both programs. In the residential facility, the average length of stay is one to six months. The treatment philosophy is a combination of the ecological, psychodynamic and biophysical approach. The day treatment program philosophy is principally based on the ecological model, but also emphasizes behavioral modification.

Virginia

- GRAFTON SCHOOL INC.
  Box 112
  Berryville, Virginia 22611
  Contact -- Charles Perso, Ph.D., Program Services, Director

The Grafton School serves children between the ages of three and 18 in residential and day treatment programs. Currently, the school serves eleven to 25 children in day treatment and over 50 children in residential programs. The school operates a specialized residence for autistic children; a 40-bed residence for emotionally disturbed/learning disabled; and a 40-bed program for emotionally disturbed/mentally retarded. Recently, a specialized foster care program was also initiated. Children participate in the day treatment program for approximately eleven months and the majority of children remain in the residential component for 13 months or more. The factors contributing to the success of the program include program flexibility and excellent relations with parents and funding agencies.

- PSYCHIATRIC INSTITUTE OF RICHMOND
  3001 Fifth Avenue
  Richmond, Virginia 23222
  Contact -- Betty Kirby, Administrative Assistant

A private, for-profit organization, the Institute established both the Residential Treatment Center and Educational Development Center in 1980. The residential program capacity is eleven to 25 and serves youth between the ages of 13 to 20 years old. The residential treatment program employs behavioral techniques that return the control over inappropriate behaviors to the child. Other therapies include individual therapy, family therapy, substance abuse counseling and educational remediation. The day treatment program serves 26 to 50 children, ranging from five to 18 years of age. The approach of the program combines biophysical, psychodynamic, behavioral, sociological and ecological models. All students receive one session of individual counseling and one session of group counseling per week.

- VIRGINIA TREATMENT CENTER FOR CHILDREN
  515 North 10th Street
  Richmond, Virginia 23201
  Contact -- Robert Cohen, Ph.D., Director

The Virginia Treatment Center is a public facility providing both residential and day treatment programs for youth diagnosed with affective disorders, conduct disorders, anxiety disorders of childhood and adolescence, attention deficit disorders, and organic mental disorders. The residential component was established in 1962 and serves anywhere from eleven to 25 youth, ages ranging from six to 15 years old. The residential treatment program utilize an eclectic approach, tailoring the thereapeutic interventions to each individual's needs. The day treatment program, established in early 1984, serves less than ten children in a more narrow age range: twelve to 16 years old. Like the residential component, the day treatment program also takes an interdisciplinary approach but has greater emphasis on behavioral, sociological and ecological models, and also peer support.

- THE MARTIN CENTER PSYCHIATRIC TREATMENT AND EDUCATION PROGRAM
  Catholic Community Services Northwest
  2806 Douglas Avenue
  Bellingham, Washington 98225
  Contact -- Barry P. Antos, Program Director

The Martin Center Psychiatric Treatment Unit and Education Program includes a long-term 24 hour residential treatment program and a special education program. Both were established in 1982. Both programs are integrated in terms of administration, personnel, and services to children. While all program services are available to each child in residence, some children receive services only from the Martin Center School. The Psychiatric Treatment Unit serves 18 boys and girls from ages six through 18. The program is described as client and family-centered, flexible and adaptive. It offers a wide range of treatment services, including independent living skills and structured social skills training. The Martin Center Alternative School is an accredited special education program providing services to children five to 19, who qualify for special education under federal and state guidelines. Each student is instructed according to an individual education plan, which includes a core curriculum supplemented by instruction in art, self-care, prevocational skills and social skills development. Each classroom consists of a maximum of seven students and a minimum of two teaching staff. Parent involvement is a key component of both programs.